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| Fill in this information to identify your case: |  |                                      |
|---|--|--------------------------------------|
| United States Bankruptcy Court for the :        |  |                                      |
| NORTHERN District of ILLINOIS (State)           |  |                                      |
| Case Number (If known):                         | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1:          | Identify Yourself   |                            |   |
|------------------|---|----------------------------|---|
|                  |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your          | full name   |                            |   |
| gover<br>identit | the name that is on your<br>nment-issued picture<br>fication (for example,<br>driver's license or | Linda First name  Marie    | First name                                    |
| passp            |   | Middle name Sanchez        | Middle name                                   |
| identif          | your picture<br>fication to your meeting<br>he trustee.   | Last name                  | Last name                                     |
|                  |   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All of        | ther names you  |                            |   |
| have<br>years    | used in the last 8  | First name                 | First name                                    |
|                  | le your married or en names.  | Middle name                | Middle name                                   |
|                  |   | Last name                  | Last name                                     |
|                  |   | First name                 | First name                                    |
|                  |   | Middle name                | Middle name                                   |
|                  |   | Last name                  | Last name                                     |
| your             | the last 4 digits of<br>Social Security   | xxx - xx - <u>0398</u>     | XXX - XX                                      |
| Indivi           | er or federal<br>dual Taxpayer<br>ification number  | OR                         | OR  |
| idellii          | incation number   | <b>9</b> xx - xx           | 9xx - xx                                      |

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Document Sanchez Linda Marie Debtor 1 Case Number (if known)

|    |   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |  |
|----|---|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names | Business name  Business name  EIN  EIN   | I have not used any business names or EINs.  Business name  Business name  EIN  EIN   |  |
| 5. | Where you live  | 5722 S. Archer Ave.  Number Street  Unit 1R  | If Debtor 2 lives at a different address:  Number Street  |  |
|    |   | Chicago IL 60638  City State ZIP Code  COOK  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | City State ZIP Code  County  If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address.            |  |
|    |   | Number Street  P.O. Box  City State ZIP Code   | Number Street  P.O. Box  City State ZIP Code  |  |
| 6. | Why you are choosing this district to file for bankruptcy.  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  have another reason. Explain. (See 28 U.S.C. § 1408                    | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408 |  |
|    |   |  |   |  |

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Document Sanchez Linda Marie Debtor 1 Case Number (if known)

| Pa  | Tell the Court About Your   | Bankruptcy   | Case   |  |                                  |             |  |  |
|-----|---|--|--|--|----------------------------------|-------------|--|--|
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  |  | B <i>ankruptcy</i> (Form 2<br>ter 7<br>ter 11<br>ter 12  | •  |                                  |             | J.S.C. § 342(b) for Individuals ck the appropriate box.                      |  |
| 8.  | How you will pay the fee  | local yours subm with:  I nee Appli I requ By la less to | court for more diself, you may pay itting your paym a pre-printed add to pay the fee cation for Individuest that my fee w, a judge may, than 150% of the fee in installm | way the entire fee when I file my petition. Please check with the clerk's office in your ourt for more details about how you may pay. Typically, if you are paying the fee elf, you may pay with cash, cashier's check, or money order. If your attorney is ting your payment on your behalf, your attorney may pay with a credit card or check pre-printed address.  It opay the fee in installments. If you choose this option, sign and attach the ation for Individuals to Pay The Filing Fee in Installments (Official Form 103A).  Lest that my fee be waived (You may request this option only if you are filing for Chapter 7.  If you give may, but is not required to, waive your fee, and may do so only if your income is an 150% of the official poverty line that applies to your family size and you are unable to ge fee in installments). If you choose this option, you must fill out the Application to Have the ger 7 Filing Fee Waived (Official Form 103B) and file it with your petition. |                                  |             |  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ■ No □ Yes.  | District None  District None   |  | _ When _<br>_ When _<br>_ When _ | MM / DD / Y | _ Case Number YYY _ Case Number  |  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business parter, or by affiliate? | ■ No   | District   |  | _ When                           | MM / DD / Y | Relationship to you  Case Number, if known                                   |  |
| 11. | Do you rent your residence?   | □ No.<br>■ Yes.  | residence?  No. Go to li  Yes. Fill ou   | ne 12.   |                                  |             | and do you want to stay in your  nt Against You (Form 101A) and file it with |  |

| Debto | Case 16-1949  | 98 Doc 1                          | Filed 06/14/16<br>Document<br>Sanchez   | Entered 06/14/16 13:59:56<br>Page 4 of 59  | Desc Main        |
|-------|---|-----------------------------------|---|--|------------------|
|       | First Name  | Middle Name                       | Last Name   |  |                  |
| Par   | Report About Any Busin  | esses You Own a                   | s a Sole Proprietor   |  |                  |
| 12.   | Are you a sole proprietor of any full- or part-time business?   |                                   | Go to Part 4.<br>Name and location of business  | 3  |                  |
|       | A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as<br>a corporation, partnerhsip, or | -<br>!<br>-                       | Name of business, if any  |  |                  |
|       | LLC.  If you have more than one sole proprietorship, use a separate sheed and attach it to this petition.   | -                                 | Number Street   |  |                  |
|       | to and pouton   | -                                 | City  | State  | Zip Code         |
|       |   | (                                 | Check the appropriate box to o  | describe your business:  |                  |
|       |   |                                   | ☐ Health Care Business (as  | s defined in 11 U.S.C. § 101(27A))   |                  |
|       |   |                                   | ☐ Single Asset Real Estate  | (as defined in 11 U.S.C. § 101(51B))   |                  |
|       |   |                                   | ☐ Stockbroker (as defined i   | in 11 U.S.C. § 101(53A))   |                  |
|       |   |                                   | ☐ Commodity Broker (as de   | efined in 11 U.S.C. § 101(6))  |                  |
|       |   |                                   | ☐ None of the above   |  |                  |
| 13.   | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and<br>are you a <i>small business</i>   | appropriate balance she documents | deadlines. If you indicate that et, statement of operations, cado not exist, follow the procedu | rt must know whether you are a small business de you are a small business debtor, you must attach ash-flow statement, and federal income tax return ure in 11 U.S.C. § 1116(1)(B). | your most recent |
|       | debtor? For a definition of small   | _                                 | m not filing under Chapter 11.  |  |                  |
|       | business debtor, see<br>11 U.S.C. § 101(51D).   | No. I a                           | m filing under Chapter 11, but<br>e Bankruptcy Code.  | I am NOT a small business debtor according to th   | e definition in  |
|       |   |                                   | m filing under Chapter 11 and ankruptcy Code.   | I am a small business debtor according to the def  | nition in the    |
| Par   | Report if You Own or Ha   | ave Any Hazardou                  | s Property or Any Property Tha  | at Needs Immediate Attention   |                  |
| 14.   | Do you own or have any<br>property that poses or is<br>alleged to pose a threat<br>of imminent and  | No.                               | nat is the hazard?  |  |                  |
|       | indentifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?                                 | If                                | immediate attention is needed   | I, why is it needed?   |                  |
|       | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                       |                                   |   |  |                  |
|       |   | W                                 | here is the property?Number   | er Street  |                  |

City

State

ZIP Code

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Debtor 1

Linda Marie Document

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Sanchez

Case Number (if known) \_

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| ☐I ar | m not required | to rec  | eive a  | briefing | about |
|-------|----------------|---------|---------|----------|-------|
| cre   | dit counseling | g becai | use of: |          |       |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing abou | ιt |
|--|----|
| credit counseling because of:                |    |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-19498 Doc 1 Filed 06/14/16 Entered 06/14/16 13:59:56 Desc Main

Debtor 1 Linda Marie Document Sanchez Page 6 of 59

Case Number (if known)

|  |  | 16a. Are your debts primarily  | consumer debts? Consumer debts are de  | fined in 11 U.S.C. § 101(8)                               |  |  |  |
|--|--|--|--|---|--|--|--|
| 16.  | What kind of debts do you have?  | as "incurred by an individual primarily for a personal, family, or household purpose."   |  |   |  |  |  |
|  | ,  | No. Go to line 16b. Yes. Go to line 17.  |  |   |  |  |  |
|  |  |  | business debts? Business debts are debts at the debts are debts.                                   |   |  |  |  |
|  |  | No. Go to line 16c.  | surient of unough the operation of the busine  | ss of investment.   |  |  |  |
|  |  | Yes. Go to line 17.  |  |   |  |  |  |
|  |  | 16c. State the type of debts you o   | we that are not consumer debts or business of  | lebts.  |  |  |  |
| 17.  | Are you filing under   | No. I am not filing under C  | napter 7. Go to line 18.   |   |  |  |  |
|  | Chapter 7?   | Yes. I am filing under Chapt   | er 7. Do you estimate that after any exempt p  | roperty is excluded and                                   |  |  |  |
|  | Do you estimate that after any exempt property is  | administrative expense   | es are paid that funds will be available to distri   | oute to unsecured creditors?                              |  |  |  |
|  | excluded and<br>administrative expenses  | ☐Yes.  |  |   |  |  |  |
|  | are paid that funds will be available for distribution   | <u> Птез.</u>  |  |   |  |  |  |
|  | to unsecured creditors?  |  |  |   |  |  |  |
| 18.  | How many creditors do  | <b>■</b> 1-49  | ☐ 1,000-5,000  | 25,001-50,000   |  |  |  |
|  | you estimate that you owe?   | ☐ 50-99<br>☐ 100-199   | ☐ 5,001-10,000<br>☐ 10,001-25,000  | ☐ 50,001-100,000<br>☐ More than 100,000                   |  |  |  |
|  |  | 200-999  | 10,001-20,000  | More than 100,000   |  |  |  |
| 19.  | How much do you  | \$0-\$50,000   | \$1,000,001-\$10 million   | □\$500,000,001-\$1 billion                                |  |  |  |
|  | estimate your assets to be worth?  | \$50,001-\$100,000   | \$10,000,001-\$50 million  | \$1,000,000,001-\$10 billion                              |  |  |  |
|  | be worth?  | ☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million   | ☐ \$50,000,001-\$100 million ☐ \$100,000,001-\$500 million   | ☐\$10,000,000,001-\$50 billion<br>☐More than \$50 billion |  |  |  |
| 20.  | How much do you  | \$0-\$50,000   | □ \$1,000,001-\$10 million   | □\$500,000,001-\$1 billion                                |  |  |  |
|  | estimate your liabilities  | <b>\$50,001-\$100,000</b>  | ☐ \$10,000,001-\$50 million  | \$1,000,000,001-\$10 billion                              |  |  |  |
|  | to be?   | <b>\$100,001-\$500,000</b>   | \$50,000,001-\$100 million   | \$10,000,000,001-\$50 billion                             |  |  |  |
|  |  | □ \$500,001-\$1 million  | \$100,000,001-\$500 million  | ☐ More than \$50 billion                                  |  |  |  |
| Pa   | rt 7: Sign Below   |  |  |   |  |  |  |
| For  | you  | I have examined this petition, and correct.  | I declare under penalty of perjury that the info   | rmation provided is true and                              |  |  |  |
|  |  |  | eter 7, I am aware that I may proceed, if eligible inderstand the relief available under each chap |   |  |  |  |
|  |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |   |  |  |  |
| I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |  |  |  |   |  |  |  |
|  | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |  |   |  |  |  |
|  |  | /s/ Linda Marie Sanch Signature of Debtor 1  |  | ture of Debtor 2  |  |  |  |
|  |  |  | 3  |   |  |  |  |
|  |  | Executed on06/09/2016  |  | ited on   |  |  |  |

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| Debtor 1 | Linda      | Marie       | Sanchez   | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | First Name | Middle Name | Last Name |                        |

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Andrew B. Nelson           | Date      | Date: 06/1              | 3/2016        |
|----------------------------------|-----------|-------------------------|---------------|
| Signature of Attorney for Debtor | Date      | MM / DD / Y             | YYY           |
| Andrew B. Nelson                 |           |                         |               |
| Printed name                     |           |                         |               |
| Geraci Law L.L.C.                |           |                         |               |
| Firm name                        |           |                         |               |
| 55 E. Monroe St., #3400          |           |                         |               |
| Number Street                    |           |                         |               |
| Chicago                          |           | 60603                   |               |
| City                             | State     | ZIP Code                |               |
|                                  |           |                         |               |
| Contact Phone 312-332-1800       | Email add | <sub>dress</sub> ndil@g | geracilaw.com |
| Contact Phone 312-332-1800       | Email add | dress ndil@g            | geracilaw.com |

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| Fill in this information to identify your case: |                      |                                   |                  |  |  |
|---|----------------------|-----------------------------------|------------------|--|--|
| Debtor 1  | Linda                | Marie                             | Sanchez          |  |  |
|   | First Name           | Middle Name                       | Last Name        |  |  |
| Debtor 2  | -                    |                                   |                  |  |  |
| (Spouse, if filing)                             | First Name           | Middle Name                       | Last Name        |  |  |
| United States                                   | Bankruptcy Court for | the : <u>NORTHERN</u> District of | ILLINOIS (State) |  |  |
| Case Number<br>(If known)                       | •                    |                                   |                  |  |  |

# amended filing

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Summarize Your Assets  |                     |
|--|---------------------|
|  |                     |
| Your asset Value of v  | ets<br>vhat you own |
| 1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$ 0                |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$ 2,125            |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i>   | \$ 2,125            |
|  |                     |
| Summarize Your Liabilities   |                     |
| Your liabi<br>Amount y   |                     |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)     a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0                 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                          | \$0                 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$26,692            |
|  |                     |
| Parts: Summarize Your Liabilities  |                     |
|  |                     |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I  | \$1,886.00          |
| 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$1,884.00          |

Case 16-19498 Doc 1 Filed 06/14/16 Entered 06/14/16 13:59:56 Desc Main Page 9 of 59 Document Debtor 1 Linda Marie Case Number (if known) \_ First Name Middle Name Last Name **EntriesDescription AssetsAmount LiabilitiesAmount Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$ 1,231.67 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 of Schedule E/F, copy the following: \$ 0.00 9a. Domestic support obligations (Copy line 6a.) \$ 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  $_{0.00}$ 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) \$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

|   | Caso 16   | \$ 10/109 Doc 1   | Filod 06/14/16   | Entered 06/14/16 13:59:56 | 6 Desc   | : Main   |          |
|---|---|---|--|---------------------------|----------|--|----------|
| Fill in this in   |   | ntify your case and this filing:  |  | 0 of 59                   |          |  |          |
| Debtor 1  | Linda   | Marie   | Sanchez  |                           |          |  |          |
| Debtor 2  | First Name  | Middle Name   | Last Name  |                           |          |  |          |
| (Spouse, if filing)   | First Name  | Middle Name   | Last Name  |                           |          |  |          |
| United States   | Bankruptcy Court f  | or the : <u>NORTHERN</u> District of  |  |                           |          |  |          |
| Case Number   |   |   | (State)  |                           |          | Check if this is   |          |
|   | orm 106A  | /R  |  |                           |          | amended filing   |          |
|   | e A/B: Pr   |   |  |                           |          |  | 12/15    |
| n each category<br>ategory where<br>esponsible for<br>ages, write you | y, separately lisi<br>you think it fits<br>supplying corre<br>ur name and cas<br>Describe Each Re | and describe items. List an a   | urate as possible. If two m<br>is needed, attach a separa<br>every question.<br>r Real Esate You Own or Ha |                           | qually   |  |          |
| No.   | Dogoribo  |   |  |                           |          |  |          |
| Yes. 2. Add the dol   | Describe<br>lar value of the p  | portion you own for all of your   | entries fro Part 1, includi  | ng any entries for pages  |          |  |          |
| you have at   | tached for Part   | 1. Write that number here   |  | >                         |          |  | \$0.00   |
| Part 2:   | Describe Your Vel   | hicles  |  |                           |          |  |          |
| No. Yes.  Watercraft Examples: No. Yes. Add the doll                  | Describe , aircraft, motor Boats, trailers, mot Describe lar value of the p                       | es. If you lease a vehicle, also s, sport utility vehicles, motor homes, ATVs and other recreors, personal watercraft, fishing vestortion you own for all of your 2. Write that number here | cycles  ational vehicles, other veh sels, snowmobiles, motorcycle  | accessories               |          |  | \$ 0.00  |
| Part 3:   | Describe Your Pe  | rsonal and Household Items  |  |                           |          |  |          |
|   | have any legal  | or equitable interest in any of   | the following items?   |                           | <b>j</b> | Current value of the cortion you own? On not deduct secure or exemptions |          |
|   | I goods and furr<br>Major appliances, f<br>Describe   | nishings<br>urniture, linens, china, kitchenware  |  |                           |          |  |          |
| _   |   | Furniture, linens, small appliances   | s, table & chairs, bedroom set   |                           | \$1,000  | \$   | 1,000.00 |
|   | Televisions and rac   | dios; audio, video, stereo, and digita including cell phones, cameras, me   |  | rs, scanners; music       |          |  |          |
| Yes.  | Describe  | TV, dvd/blu-ray player, gaming sy   | stem, computer, printer, tablet,   | cell phone                | \$600    | \$   | 600.00   |
|   | Antiques and figuri   | nes; paintings, prints, or other artwo  |  | objects;                  |          |  |          |
| Yes.  | Describe  |   |  |                           |          | \$   | 0.00     |

Official Form 106A/B Record # 710824 Schedule A/B: Property Page 1 of 6

Linda Debtor 1

Case 16-19498

Filed 06/14/16 Doc 1

Entered 06/14/16 13:59:56 Page 11 of a 59 umber (if known)

Desc Main

First Name

| 112 U OU 141. |
|---------------|
| Sanchez       |
| <br>Danimont  |
| Document      |
| Last Name     |

| 09. | Examples:                          |                                 |  | ipment; bicycles, pool tables, golf clubs, skis; canoes  |       |  |
|-----|------------------------------------|---------------------------------|--|--|-------|--|
|     | Yes.                               | Describe                        | Exercise equipment: eliptical  |  | \$200 | \$ <u>200.0</u> 0  |
| 10. | Firearms Examples:                 | Pistols, rifles, shot           | guns, ammunition, and related equ  | uipment  |       |  |
|     | Yes.                               | Describe                        |  |  |       | \$0.00   |
| 11. | Examples:                          | Everyday clothes,               | furs, leather coats, designer wear,  | shoes, accessories   |       |  |
|     | Yes.                               | Describe                        | Everyday clothes, shoes, access  | sories   | \$300 | \$ <u> </u>  |
| 12. | Jewelry Examples: gold, silver No. | Everyday jewelry, (             | costume jewelry, engagement ring   | gs, wedding rings, heirloom jewelry, watches, gems,  |       |  |
|     | Yes.                               | Describe                        | Costume jewelry  |  | \$25  | \$ <u>25.0</u> 0   |
| 13. | Non-farm a Examples:               | animals<br>Dogs, cats, birds, ł | norses   |  |       |  |
|     | Yes.                               | Describe                        | 1 Dog  |  | \$0   | \$ 0.00  |
| 14. | Any other No.                      | personal and ho                 | ousehold items you did not a   | lready list, including any health aids you did not list  |       | , <u>, , , , , , , , , , , , , , , , , , </u>                                    |
|     | Yes.                               | Describe                        |  |  |       | \$ <u> </u>  |
|     |                                    |                                 | · · · · · · · · · · · · · · · · ·  | ncluding any entries for pages you have attached   |       | \$2,125.00   |
|     | Part 4:                            | Describe Your Fin               | ancial Assets  |  |       |  |
| Do  | you own oi                         | r have any legal                | or equitable interest in any c   | of the following?  |       | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 16. | Cash Examples:                     | Money you have in               | your wallet, in your home, in a sa   | afe deposit box, and on hand when you file your petition                                       |       |  |
|     | Yes.                               | Describe                        |  |  |       | \$ 0.00  |
| 17. |                                    | Checking, savings               | or other financial accounts; certifity fyou have multiple accounts with fi | icates of deposit; shares in credit unions, brokerage houses, the same institution, list each. |       | <u> </u>   |
|     | Yes.                               | Describe                        | Account Type: Checking Account Checking Account                            | Institution name:  MB Financial Bank Chase   |       | \$50.00<br>\$8282.00   |
| 4.  | David:                             | ال المالية                      | -  | - Chiase   |       | \$ <u>282.00</u><br>\$ <u>0.00</u>   |
| 18. |                                    | Bond funds, invest              | ublicly traded stocks ment accounts with brokerage firm                    | ns, money market accounts  |       |  |
| 4.  | Yes.                               | Describe                        | Institution or issuer name:  |  |       | \$0.00   |
| 19. | No.                                |                                 | •  | d and unincorporated businesses, including an interest in                                      |       |  |
|     | Yes.                               | Describe                        | Name of Entity and Percent of  | or Ownersnip:  |       | \$0.00   |

Linda Debtor 1

Case 16-19498

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Entered 06/14/16 13:59:56 Page 12 of 59 umber (if known)

Desc Main

First Name

Middle Name

| 20. (  | Governmer    | nt and corporat                     | e bonds and other negotiable and non-negotiable instruments   |  |          |
|--------|--------------|-------------------------------------|---|--|----------|
|        | -            |                                     | e personal checks, cashiers' checks, promissory notes, and money orders. re those you cannot transfer to someone by signing or delivering them. |  |          |
|        | Yes.         | Describe                            | Issuer name:  | \$   | 0.00     |
| 21. F  | Retirement   | or pension acc                      | counts  |  |          |
|        | Examples: I  | nterests in IRA, E                  | RISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans  |  |          |
|        | Yes.         | Describe                            | Type of account and Institution name:   | \$   | 0.00     |
| 22. \$ | Security de  | posits and pre                      | payments  |  |          |
|        | Your share   | of all unused depo                  | sists you have made so that you may continue service or use from a company  |  |          |
|        | Examples: A  | Agreements with la                  | andlords, prepaid rent, public utilities (electric, gas, water), telecommunications   |  |          |
|        | Yes.         | Describe                            | Institution name or individual:   |  |          |
|        |              |                                     |   | \$   | 0.00     |
| 23. /  | Annuities (A | A contract for a                    | periodic payment of money to you, either for life or for a number of years)   |  |          |
|        | Yes.         | Describe                            | Issuer name and description:  |  |          |
|        |              |                                     |   | \$   | 0.00     |
| 24. I  |              | an education I<br>§ 530(b)(1), 529A | RA, in an account in a qualified ABLE program, or under a qualified state tuition program. (b), and 529(b)(1).                                  |  |          |
|        | =            | Dagariba                            | Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):  |  |          |
|        | Yes.         | Describe                            | institution name and description. Separately life the records of any interests. 11 0.3.0. § 321(c).   | •  | 0.00     |
| 25. 1  | Trusts, equ  | itable or future                    | interests in property (other than anything listed in line 1), and rights or powers  | ¥  | <u> </u> |
|        | Yes.         | Describe                            |   | \$   | 0.00     |
| 26. I  | Patents, co  | pyrights, trade                     | marks, trade secrets, and other intellectual property   | *  |          |
|        |              |                                     | mes, websites, proceeds from royalties and licensing agreements   |  |          |
|        | Yes.         | Describe                            |   | \$   | 0.00     |
| 27. I  | _icenses, f  | ranchises, and                      | other general intangibles   | -  |          |
|        | Examples: E  | Building permits, e                 | xclusive licenses, cooperative association holdings, liquor licenses, professional licenses   |  |          |
|        | Yes.         | Describe                            |   |  |          |
|        | _            |                                     |   | \$   | 0.00     |
| Mon    | ov or propo  | orty awad to yo                     | u2  | Current value of the                                       |          |
| WIOII  | ey or prope  | erty owed to yo                     | u.  | portion you own?  Do not deduct secured classor exemptions | aims     |
|        |              |                                     |   | 2. 0.0p.10110  |          |
| 28. 1  | Tax refunds  | s owed to you                       |   |  |          |
|        | No.          |                                     |   |  |          |
|        | Yes.         | Describe                            |   |  |          |
|        |              |                                     |   | \$   | 0.00     |
| 29. 1  | Examples: F  | -                                   | um alimony, spousal support, child support, maintenance, divorce settlement, property settlement  |  |          |
|        | Yes.         | Describe                            |   |  |          |
|        |              |                                     |   | \$   | 0.00     |
| 30. (  |              | unts someone d                      | -   |  |          |
|        |              |                                     | ability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, id loans you made to someone else               |  |          |
|        | No.          | ,                                   | •   |  |          |
|        | Yes.         | Describe                            |   |  |          |
|        | _            |                                     |   | \$   | 0.00     |

Linda Debtor 1

Filed 06/14/16 Sanchez Document Case 16-19498 Entered 06/14/16 13:59:56 Page 13 of 59 umber (if known) Doc 1 Desc Main First Name Middle Name

| 31.               |  | insurance polic  |   |  |
|-------------------|--|--|---|--|
|                   | Examples:  | Health, disability, o  | r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  Company Name & Beneficiary:   |  |
|                   | Yes.   | Describe   | Company Name & Beneficiary.   | \$ 0.00  |
| 32.               | Any interes  | st in property th  | at is due you from someone who has died   | \$ <u>0.0</u> 0  |
|                   | -  | ne beneficiary of a cause someone ha   | living trust, expect proceeds from a life insurance policy, or are currently entitled to receive as died.   |  |
|                   | Yes.   | Describe   |   | \$ 0.00  |
| 33.               | _  | -  | s, whether or not you have filed a lawsuit or made a demand for payment ment disputes, insurance claims, or rights to sue   | <u> </u>   |
|                   | Yes.   | Describe   |   | s 0.00   |
| 34.               | Other cont   | ingent and unli  | quidated claims of every nature, including counterclaims of the debtor and rights   | Ψ  |
|                   | No.<br>Yes.  | Describe   |   |  |
|                   |  |  |   | \$0.00   |
| 35.               | Any financ<br>No.  | cial assets you d  | id not already list   |  |
|                   | Yes.   | Describe   |   | \$ 0.00  |
| 36.               | Add the do   | llar value of all  | of your entries from Part 4, including any entries for pages you have attached  |  |
|                   |  |  | er here>  | \$332.00   |
|                   | art 5:   | Describe Anv Bus   | iness-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |  |
|                   |  |  | gal or equitable interest in any business-related property?   |  |
|                   | No.  |  |   |  |
|                   |  |  |   |  |
|                   | Yes.   |  |   | Ourse of the   |
|                   | Yes.   |  |   | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.               | Accounts r   | receivable or co   | mmissions you already earned  | portion you own?   |
| 38.               | _  | receivable or co   | mmissions you already earned  | portion you own?  Do not deduct secured claims                                   |
|                   | Accounts r   | Describe   |   | portion you own?  Do not deduct secured claims                                   |
|                   | Accounts r No. Yes.  | Describe   | mmissions you already earned  ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  | portion you own? Do not deduct secured claims or exemptions                      |
|                   | Accounts r No. Yes.  Office equi   | Describe   | ngs, and supplies   | portion you own?  Do not deduct secured claims or exemptions  \$                 |
| 39.               | Accounts r No. Yes.  Office equi Examples: No. Yes.  | Describe  ipment, furnishi Business-related c  Describe  | ngs, and supplies   | portion you own? Do not deduct secured claims or exemptions                      |
| 39.               | Accounts r No. Yes.  Office equi Examples: No. Yes.  | Describe  ipment, furnishi Business-related c  Describe  | ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices   | portion you own?  Do not deduct secured claims or exemptions  \$ 0.00  \$ 0.00   |
| 39.<br>40.        | Accounts r No. Yes.  Office equi Examples: No. Yes.  Machinery, No.                          | Describe  ipment, furnishi Business-related c  Describe , fixtures, equip  | ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices   | portion you own?  Do not deduct secured claims or exemptions  \$                 |
| 39.<br>40.        | Accounts r No. Yes.  Office equi Examples: No. Yes.  Machinery, No. Yes.                     | Describe  ipment, furnishi Business-related c  Describe  , fixtures, equip  Describe                                   | ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices   | portion you own?  Do not deduct secured claims or exemptions  \$ 0.00  \$ 0.00   |
| 39.<br>40.        | Accounts r No. Yes.  Office equi Examples: No. Yes.  Machinery, No. Yes.  Inventory No. Yes. | Describe  ipment, furnishi Business-related c  Describe  fixtures, equip  Describe                                     | ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  | portion you own?  Do not deduct secured claims or exemptions  \$ 0.00  \$ 0.00   |
| 39.<br>40.        | Accounts r No. Yes.  Office equi Examples: No. Yes.  Machinery, No. Yes.  Inventory No. Yes. | Describe  ipment, furnishi Business-related c  Describe  , fixtures, equip  Describe                                   | ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  r joint ventures  | portion you own?  Do not deduct secured claims or exemptions  \$                 |
| 39.<br>40.        | Accounts r No. Yes.  Office equi Examples: No. Yes.  Machinery, No. Yes.  Inventory No. Yes. | Describe  ipment, furnishi Business-related c  Describe  fixtures, equip  Describe                                     | ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  | portion you own?  Do not deduct secured claims or exemptions  \$                 |
| 39.<br>40.<br>41. | Accounts r No. Yes.  Office equi Examples: No. Yes.  Machinery, No. Yes.  Inventory No. Yes. | Describe  ipment, furnishi Business-related c  Describe  fixtures, equip  Describe  Describe  partnerships c  Describe | ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  r joint ventures  | portion you own?  Do not deduct secured claims or exemptions  \$                 |
| 39.<br>40.<br>41. | Accounts r No. Yes.  Office equi Examples: No. Yes.  Machinery, No. Yes.  Inventory No. Yes. | Describe  ipment, furnishi Business-related c  Describe  fixtures, equip  Describe  Describe  partnerships c  Describe | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  r joint ventures  Name of Entity and Percent of Ownership: | portion you own?  Do not deduct secured claims or exemptions  \$                 |

| 44. Any business-related property you did not already list  |                  |
|---|------------------|
| Yes. Describe   | \$0.00           |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here                   | \$ 0.00          |
| Part 6:  Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  If you own or have an interest in farmland, list it in Part 1. |                  |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  No.  |                  |
| Yes. Describe   | \$ 0.00          |
| 47. Farm animals  Examples: Livestock, poultry, farm-raised fish  |                  |
| Yes. Describe   | \$ 0.00          |
| 48. Crops—either growing or harvested  No.  | ·                |
| Yes. Describe  49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  | \$ <u>0.0</u> 0  |
| No.   |                  |
| Yes. Describe   | \$ <u>0.00</u> 0 |
| 50. Farm and fishing supplies, chemicals, and feed No.  |                  |
| Yes. Describe   | \$ <u> </u>      |
| 51. Any farm- and commercial fishing-related property you did not already list  No.   | _                |
| Yes. Describe   | \$0.00           |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here                   | \$0.00           |
| Part 7:  Describe All Property You Own or Have an Interest in That You Did Not List Above   |                  |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership   |                  |
| No.  Yes. Describe  | ]                |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here>  | \$ <u>0.00</u>   |
|   |                  |

Case 16-19498 Doc 1 Linda

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Document Page 15 of a ge glumber (if known) Desc Main Debtor 1 First Name

| Part 8: List the Totals of Each Part of this Form                       |             |             |
|---|-------------|-------------|
| 55. Part 1: Total real estate, line 2                                   |             | \$ 0.00     |
| 56. Part 2: Total vehicles, line 5                                      | \$ 0.00     |             |
| 57. Part 3: Total personal and household items, line 15                 | \$ 2,125.00 |             |
| 58. Part 4: Total financial assets, line 36                             | \$ 332.00   |             |
| 59. Part 5: Total business-related property, line 45                    | \$ 0.00     |             |
| 60. Part 6: Total farm- and fishing-related property, line 52           | \$ 0.00     |             |
| 61. Part 7: Total other property not listed, line 54                    | \$ 0.00     |             |
| 62. Total personal property. Add lines 56 through 61                    | \$ 2,457.00 | \$ 2,457.00 |
| 63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62 |             | \$2,457.00  |

Official Form 106A/B Page 6 of 6 Record # 710824 Schedule A/B: Property

Case 16-19498 Doc 1 Filed 06/14/16 Entered 06/14/16 13:59:56 Desc Main

| Fill in this in     | nformation to ident  | tify your case:                     |                 |
|---------------------|----------------------|-------------------------------------|-----------------|
| Debtor 1            | Linda                | Marie                               | Sanchez         |
|                     | First Name           | Middle Name                         | Last Name       |
| Debtor 2            |                      |                                     |                 |
| (Spouse, if filing) | First Name           | Middle Name                         | Last Name       |
| United States       | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number         | r                    |                                     |                 |
| (If known)          |                      |                                     |                 |

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| . Which set of ex       | emptions are you claiming? Check   | one only, even if your spo           | ouse is filing with you.  |                                      |
|-------------------------|--|--------------------------------------|---|--------------------------------------|
| You are clair           | ming state and federal nonbankrupto  | cy exemptions . 11 U.S.C.            | § 522(b)(3)   |                                      |
| You are clair           | ming federal exemptions. 11 U.S.C.   | § 522(b)(2)                          |   |                                      |
| 2. For any propert      | y you list on <i>Schedule A/B</i> that yo                                    | u claim as exempt, fill in t         | the information below.  |                                      |
| -                       | on of the property and line on hat lists this property                       | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption   |
|                         |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                      |
| Brief description:      | Furniture, linens, small appliances, table & chairs, bedroom set             | \$ <u>1,000</u>                      | \$  | 735 ILCS 5/12-1001(b) - \$1,000.00   |
| Line from Schedule A/B: | 06   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:   | TV, dvd/blu-ray player, gaming system, computer, printer, tablet, cell phone | \$_600                               | <b></b> \$  | 735 ILCS 5/12-1001(b) - \$600.00     |
| Line from Schedule A/B: | 07   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief description:      | Exercise equipment: eliptical  | \$_200                               | <b>\$</b>   | 735 ILCS 5/12-1001(b) - \$200.00     |
| Line from Schedule A/B: | 09   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
| Brief<br>description:   | Everyday clothes, shoes, accessories   | \$_ 300                              | <b></b> \$  | 735 ILCS 5/12-1001(a),(e) - \$300.00 |
| Line from Schedule A/B: | <u>11</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |
|                         |  |                                      |   |                                      |
| Official Form 106C      | Record # 710824  | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 1 of 2                          |

Entered 06/14/16 13:59:56 Desc Main Case 16-19498 Doc 1 Filed 06/14/16

Linda

Official Form 106C

Record #

Marie Middle Name

Page 17 of 59 Number (if known)

Page 2 of 2

Debtor 1

Document Last Name

Additional Page Part 2: Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption Schedule A/B 735 ILCS 5/12-1001(b) - \$25.00 Brief Costume jewelry description: \$ 25 Line from 100% of fair market value, up to 12 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(b) - \$0.00 Checking Account, Chase Brief \$\_0 description: 100% of fair market value, up to Line from Schedule A/B: any applicable statutory limit Brief Checking Account, MB Financial 735 ILCS 5/12-1001(b) - \$0.00 \$ 0 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ No Yes. 710824

Schedule C: The Property You Claim as Exempt

| Fill in this in   | Caso 16<br>Iformation to ident  |  | Filad 06/14/16                  | Entered 06/14<br>8 of 59  | 4/16 13:59:56  | Desc Main  |                          |
|---|---|--|---------------------------------|---------------------------|--|--|--------------------------|
| Debtor 1  | Linda   | Marie  | Sanchez                         |                           |  |  |                          |
|   | First Name  | Middle Name  | Last Name                       |                           |  |  |                          |
| Debtor 2  |   |  |                                 |                           |  |  |                          |
| (Spouse, if filing)                                     | First Name  | Middle Name  | Last Name                       |                           |  |  |                          |
| United States   | Bankruptcy Court for  | the : <u>NORTHERN</u> District of _  | <u>ILLINOIS</u>                 |                           |  |  |                          |
| Case Number   | r   |  | (State)                         |                           |  | Check if thi                                       | s is an                  |
| (If known)  | ·   |  | _                               |                           |  | amended fi   | ling                     |
| information. If radditional page  1. Do any cre  No. Ch | more space is need<br>es, write your name<br>ditors have claims<br>neck this box and so | possible. If two married people ded, copy the Additional Page and case number (if known), secured by your property?  ubmit this form to the court with | e, fill it out, number the ent  | tries, and attach it to t | his form. On the top of                                |  |                          |
| ☐ Yes. Fi   | ll in all of the inform   | ation below.   |                                 |                           |  |  |                          |
| Part 1:   | List All Secured Cla  | ims  |                                 |                           |  |  |                          |
| 0 Linkallan   |   |  |                                 |                           | Column A   | Column A   | Column C                 |
| for each c  | laim. If more than  | creditor has more than one sec<br>one creditor has a particular cla<br>claims in alphabetical order ac   | aim, list the other creditors i | in Part 2.                | Amount of claim  Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim | Unsecured portion If any |
|   |   |  |                                 |                           |  |  |                          |

|   |  | Caso 16 10/09   | Doc 1  | Filod 06/14/16   | Entered 06/14/16 13:59:5  | 56 Desc M                             | ain                |
|---|--|---|--|--|---|---------------------------------------|--------------------|
| Fil                                       | l in this inf  | formation to identify your case   | <b>:</b> :   |  | 9 of 59   |                                       |                    |
| De  | ebtor 1  | Linda N   | Marie  | Sanchez  |   |                                       |                    |
|   |  | First Name Mi   | ddle Name  | Last Name  |   |                                       |                    |
|   | ebtor 2  | First Name  | della Nicora   |  |   |                                       |                    |
| (Sp                                       | ouse, if filing)   | First Name Mi   | ddle Name  | Last Name  |   |                                       |                    |
| Ur  | ited States I  | Bankruptcy Court for the : <u>NORTI</u>   | HERN_ District   | of <u>ILLINOIS</u><br>(State)  |   |                                       |                    |
|   | se Number  |   |  |  |   | <del></del>                           | eck if this is an  |
|   | known)   | 4005/5  |  |  |   | am                                    | ended filing       |
| <u>)tti</u>                               | <u>cial Fo</u>   | orm 106E/F  |  |  |   |                                       |                    |
| <u>ich</u>                                | edule  | E/F: Creditors Who  | Have U   | nsecured Claims  |   |                                       | 12/15              |
| ist th<br>/B: F<br>redit<br>eede<br>op of | ne other pa<br>Property (Cors with pa<br>d, copy the<br>any additi | orty to any executory contracts<br>Official Form 106A/B) and on S<br>artially secured claims that are | s or unexpired<br>chedule G: Ex<br>e listed in Sch<br>nber the entrie<br>and case numb | leases that could result in a recutory Contracts and Unexpedule D: Creditors Who Have is in the boxes on the left. Att | and Part 2 for creditors with NONPRIORI claim. Also list executory contracts on Soired Leases (Official Form 106G). Do no Claims Secured by Property. If more spach the Continuation Page to this page. | Schedule<br>ot include any<br>pace is |                    |
|   |  | litors have priority unsecured  | claims agains  | t vou?   |   |                                       |                    |
| 5   | _  | to Part 2.  | olalillo agaillo   | . you.   |   |                                       |                    |
| Ī   | =  | to ruit 2.  |  |  |   |                                       |                    |
|   |  | our priority unsecured claims.  | If a creditor ha   | as more than one priority unsec  | cured claim, list the creditor separately for   | each claim. For                       |                    |
| n<br>u                                    | onpriority a   | amounts. As much as possible, claims, fill out the Continuation I                                     | list the claims<br>Page of Part 1.   | in alphabetical order according<br>If more than one creditor hold  | rity amounts, list that claim here and show<br>to the creditor's name. If you have more to<br>a particular claim, list the other creditors  | than two priority                     |                    |
| (1  | or an expi   | lanation of each type of claim, s   | see the instruct   | ions for this form in the instruc  | tion booklet.)  Total cl  | laim Priority                         | Nonpriority        |
|   |  |   |  |  |   | amount                                | amount             |
| Pa  | rt 2:  | ist All of Your NONPRIORITY Un  | secured Claim  | 5  |   |                                       |                    |
| 3. <b>D</b>                               | o any cred   | litors have nonpriority unsecu  | red claims ag  | ainst you?   |   |                                       |                    |
|   | No. You  | u have nothing to report in this p  | oart. Submit th  | is form to the court with your o   | ther schedules.   |                                       |                    |
|   | Yes.   |   |  |  |   |                                       |                    |
| n<br>ir                                   | onpriority uncluded in F   | unsecured claim, list the credito   | r separately for<br>r holds a partic   | each claim. For each claim lis   | who holds each claim. If a creditor has noted, identify what type of claim it is. Do note in Part 3.If you have more than three notes.  | t list claims already                 |                    |
|   |  | · ·   | . =.   |  |   |                                       | Total claim        |
| 4.1                                       | Bank of<br>Creditor's N  |   | _ Las  | t 4 digits of account number _   | NULL  |                                       | \$ <u>5,889.00</u> |
|   | Po Box 9   |   | Wh   | en was the debt incurred?  | 2007-2015   |                                       |                    |
|   | Number   | Street  |  |  |   |                                       |                    |
|   |  |   |  | of the date you file, the claim is   | : Check all that apply.   |                                       |                    |
|   | El Paso  | TX 79998  | · =  | Contingent<br>Unliquidated   |   |                                       |                    |
|   | City<br>Who owes   | State Zip Co the debt? Check one.   | de 📙   | Disputed   |   |                                       |                    |
|   | Debtor 1   |   |  |  |   |                                       |                    |
|   | Debtor 2   | ? only  | Тур  | e of NONPRIORITY unsecured   | claim:  |                                       |                    |
|   | =  | and Debtor 2 only   | =  | Student loans  |   |                                       |                    |
|   | At least   | one of the debtors and another  | 1 1  | Obligations arising out of a separat   |   |                                       |                    |
|   | 1 100  |   | _  |  | tion agreement or divorce   |                                       |                    |
|   | _  | f this claim relates to a   | _  | that you did not report as priority cl   | aims  |                                       |                    |
|   | commu  | f this claim relates to a<br>nity debt<br>n subject to offest?  | _  |  | aims  |                                       |                    |
|   | commu  | nity debt   | _<br>  | that you did not report as priority cl   | aims olans, and other similar debts   |                                       |                    |

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Case Number (if known) Document Linda Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 4.2 CAP1/Best Buy \$ 0.00 Last 4 digits of account number \_\_\_\_\_NULL

| Creditor's Name<br>26525 N Riverwoods Blvd        | When was the debt incurred? 2013-2013   |             |
|---|---|-------------|
| Number Street                                     |   |             |
|   | As of the date you file, the claim is: Check all that apply.  Contingent                                      |             |
| Mettawa IL 60045                                  | Unliquidated  |             |
| City State Zip Code Who owes the debt? Check one. | Disputed  |             |
| Debtor 1 only                                     |   |             |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 and Debtor 2 only                        | Student loans   |             |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce  |             |
| Check if this claim relates to a                  | that you did not report as priority claims  |             |
| community debt Is the claim subject to offest?    | Debts to pension or profit-sharing plans, and other similar debts   |             |
| No Yes  | Other. Specify Credit Card or Credit Use  |             |
| 4.3 CAP1/Carsn                                    | Last 4 digits of account number NULL  | \$ 0.00     |
| Creditor's Name                                   |   | •           |
| 26525 N Riverwoods Blvd                           | When was the debt incurred? 2007-2012   |             |
| Number Street                                     |   |             |
|   | As of the date you file, the claim is: Check all that apply.  |             |
|   | Contingent  |             |
| Mettawa IL 60045                                  | Unliquidated  |             |
| City State Zip Code Who owes the debt? Check one. | Disputed  |             |
| Debtor 1 only                                     | _   |             |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 and Debtor 2 only                        | Student loans   |             |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce  |             |
| Check if this claim relates to a                  | that you did not report as priority claims  |             |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Is the claim subject to offest?                   |   |             |
| No  | Other. Specify Credit Card or Credit Use  |             |
| Yes A A Capital One Bank                          | Last 4 digits of account number 1036  | \$ 2,560.00 |
| Creditor's Name                                   | Last 4 digits of account number 1030  | \$ 2,300.00 |
| PO Box 60024                                      | When was the debt incurred?   |             |
| Number Street                                     |   |             |
|   | As of the date you file, the claim is: Check all that apply.  |             |
|   | Contingent  |             |
| City Of Industry CA 91716                         | Unliquidated  |             |
| City State Zip Code                               | Disputed  |             |
| Who owes the debt? Check one.                     | Disputed  |             |
| Debtor 1 only                                     |   |             |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 and Debtor 2 only                        | Student loans  Obligations spiritual acceptation agreement or diverse   |             |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce  |             |
| Check if this claim relates to a community debt   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| Is the claim subject to offest?                   | C 2000 to pension or profit-straining plans, and other similar debts  |             |
| No  | Other. Specify Credit Card or Credit Use  |             |
| Yes   |   |             |

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| 4.5 Capital Offe Bank USA                         | Last 4 digits of account number 1904                              | \$ <u>2,319.00</u> |
|---|---|--------------------|
| Creditor's Name                                   |   |                    |
| 15000 Capital One Dr                              | When was the debt incurred? 2007-2015                             |                    |
| Number Street                                     |   |                    |
| Number Street                                     |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
|   | Contingent  |                    |
| Richmond VA 23238                                 |   |                    |
|   | Unliquidated  |                    |
| City State Zip Code Who owes the debt? Check one. | Disputed  |                    |
|   |   |                    |
| Debtor 1 only                                     |   |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                        | Student loans   |                    |
|   |   |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?                   | _   |                    |
| No  | Other. Specify Credit Card or Credit Use                          |                    |
| <b>.</b>  | Other, specifyorealt oath of orealt ose                           |                    |
| Yes CBNA/Citi                                     | Last 4 digits of account number NULL                              | <b>\$</b> _0.00    |
| 4.0   | Last 4 digits of account number NULL                              | \$ <u>0.00</u>     |
| Creditor's Name                                   | 2044-2045   |                    |
| Po Box 6283                                       | When was the debt incurred? 2014-2015                             |                    |
| Number Street                                     |   |                    |
|   |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
|   | Contingent  |                    |
| Sioux Falls SD 57117                              | Unliquidated  |                    |
| City State Zip Code                               |   |                    |
| Who owes the debt? Check one.                     | Disputed  |                    |
| Debtor 1 only                                     |   |                    |
| <b>                                   </b>        | T ( NONDDIODITY   |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                        | Student loans   |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
| Charle if this alaim malatan to a                 | that you did not report as priority claims                        |                    |
| Check if this claim relates to a                  |   |                    |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?                   |   |                    |
| No  | Other. Specify Credit Card or Credit Use                          |                    |
| Yes   |   |                    |
| 4.7 Chase Card                                    | Last 4 digits of account number NULL                              | \$ <u>502.00</u>   |
| Creditor's Name                                   | <del> </del>  | <del></del>        |
| Po Box 15298                                      | When was the debt incurred? 2014-2016                             |                    |
|   |   |                    |
| Number Street                                     |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
|   | Contingent  |                    |
| Wilmington DE 19850                               |   |                    |
|   | Unliquidated  |                    |
| City State Zip Code Who owes the debt? Check one. | Disputed  |                    |
|   |   |                    |
| Debtor 1 only                                     |   |                    |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                        | Student loans   |                    |
| <b> </b>  | <b>—</b>  |                    |
| At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?                   |   |                    |
| No  | Other. Specify Credit Card or Credit Use                          |                    |
| Yes   | Other, SpecifyState Sala of State 300                             |                    |
| res   |   |                    |

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| Number Street                                      |   |                  |
|--|---|------------------|
|  | As of the date you file, the claim is: Check all that apply.      |                  |
|  | Contingent  |                  |
| The Lakes NV 89163-6000                            | Unliquidated  |                  |
| City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
| Debtor 1 only                                      |   |                  |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|  | that you did not report as priority claims                        |                  |
| Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                    |   |                  |
| No   | Other. Specify Credit Card or Credit Use                          |                  |
| Yes  |   |                  |
| Clearing Solutions/Ace Business Solutions/CC       | Last 4 digits of account number 9236                              | \$ <u>0.00</u>   |
| Creditor's Name                                    | When was the debt incurred? 2016                                  |                  |
| 6100 Mountain Vista, 150                           | When was the debt incurred? 2016                                  |                  |
| Number Street                                      |   |                  |
|  | As of the date you file, the claim is: Check all that apply.      |                  |
| Handaraan NV 00044                                 | Contingent  |                  |
| Henderson NV 89014                                 | Unliquidated  |                  |
| City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
| Debtor 1 only                                      |   |                  |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                    |   |                  |
| No   | Other. Specify Debt Consolidation                                 |                  |
| Yes COMENITY PANIC/Corrected                       | AHHI  | + 400 00         |
| .10 COMENITY BANK/Carsons                          | Last 4 digits of account number NULL                              | \$ <u>196.00</u> |
| Creditor's Name 3100 Easton Square PI              | When was the debt incurred? 2012-2016                             |                  |
| Number Street                                      |   |                  |
| Namber Steek                                       |   |                  |
|  | As of the date you file, the claim is: Check all that apply.      |                  |
| Columbus OH 43219                                  | Contingent  |                  |
| City State Zip Code                                | Unliquidated  |                  |
| Who owes the debt? Check one.                      | Disputed  |                  |
| Debtor 1 only                                      |   |                  |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offest?                    | Overtil Overtile Overtille  |                  |
| No □ Voc   | Other. Specify Credit Card or Credit Use                          |                  |

| Debtor 1    | Linda   | Case 16-19498<br>Marie      | Doc 1          | Filed 06/14/16<br>Document   | Entered 06/14/16 13:59:56<br>Page 23 of 59<br>Case Number (if known) | Desc Main |  |
|-------------|---|-----------------------------|----------------|------------------------------|--|-----------|--|
|             | First Name  | Middle Nan                  | ne             | Last Name                    |  |           |  |
| Part 2      | Part 24 Your NONPRIORITY Unsecured Claims - Continuation Page |                             |                |                              |  |           |  |
| After listi | ng any ei   | ntries on this page, number | them beginning | ng with 4.4, followed by 4.5 | s, and so forth.   |           |  |
| c           | `redit ONI  | E BANK NA                   |                |                              | NULL   |           |  |

| After li | sting any entries on this page, number them b      | peginning with 4.4, followed by 4.5, a             | nd so forth.                   | Total Claim      |
|----------|--|--|--------------------------------|------------------|
| 4.11     | Credit ONE BANK NA                                 | Last 4 digits of account number _                  | NULL                           | <u>\$ 544.00</u> |
|          | Creditor's Name Po Box 98875                       | When was the debt incurred?                        | 2014-2016                      |                  |
|          | Number Street                                      | Which was the debt meaned:                         |                                |                  |
|          |  | As of the date you file, the claim is              | · Check all that apply         |                  |
|          |  | Contingent   | . Officer all that apply.      |                  |
|          | Las Vegas NV 89193                                 | Unliquidated                                       |                                |                  |
| ١ ,      | City State Zip Code  Who owes the debt? Check one. | Disputed   |                                |                  |
| ľ        | Debtor 1 only                                      |  |                                |                  |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured                      | claim:                         |                  |
| li       | Debtor 1 and Debtor 2 only                         | Student loans                                      | out                            |                  |
| li       | At least one of the debtors and another            | Obligations arising out of a separat               | tion agreement or divorce      |                  |
| l i      | Check if this claim relates to a                   | that you did not report as priority cl             | aims                           |                  |
| "        | community debt                                     | Debts to pension or profit-sharing p               | plans, and other similar debts |                  |
| ls       | s the claim subject to offest?                     | <u>_</u>   |                                |                  |
|          | No   | Other. Specify Credit Card or                      | Credit Use                     |                  |
| 4.12     | Yes IL DEPT OF Human SVCS                          | Last 4 digits of account number                    | 3688                           | <b>\$</b> 505.00 |
| 7.12     | Creditor's Name                                    |  | <del></del> _                  | •                |
|          | 4839 N Elston Ave                                  | When was the debt incurred?                        | 2015-2016                      |                  |
|          | Number Street                                      |  |                                |                  |
|          |  | As of the date you file, the claim is              | : Check all that apply.        |                  |
|          | Objects II COCCO                                   | Contingent   |                                |                  |
|          | City State Zip Code                                | Unliquidated                                       |                                |                  |
| v        | Who owes the debt? Check one.                      | Disputed   |                                |                  |
|          | Debtor 1 only                                      |  |                                |                  |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured                      | claim:                         |                  |
| [        | Debtor 1 and Debtor 2 only                         | Student loans                                      |                                |                  |
| [        | At least one of the debtors and another            | Obligations arising out of a separat               | tion agreement or divorce      |                  |
| [        | Check if this claim relates to a                   | that you did not report as priority cl             |                                |                  |
| 19       | community debt<br>s the claim subject to offest?   | Debts to pension or profit-sharing p               | plans, and other similar debts |                  |
|          | No   | Other. Specify Collecting for C                    | Creditor                       |                  |
|          | Yes  | Office: Opening                                    |                                |                  |
| 4.13     | Kohls/Capone                                       | Last 4 digits of account number _                  | NULL                           | \$ <u>274.00</u> |
|          | Creditor's Name                                    | Miles and the debt in second 10                    | 2010-2016                      |                  |
|          | N56 W 17000 Ridgewood Dr                           | When was the debt incurred?                        | 2510 2010                      |                  |
|          | Number Street                                      |  |                                |                  |
|          |  | As of the date you file, the claim is              | : Check all that apply.        |                  |
|          | Menomonee Falls WI 53051                           | Contingent   |                                |                  |
|          | City State Zip Code                                | Unliquidated                                       |                                |                  |
| _ v      | Who owes the debt? Check one.                      | Disputed   |                                |                  |
|          | Debtor 1 only                                      |  |                                |                  |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured                      | claim:                         |                  |
|          | Debtor 1 and Debtor 2 only                         | Student loans Obligations arising out of a separat | tion agreement or divorce      |                  |
|          | At least one of the debtors and another            | that you did not report as priority cl             |                                |                  |
| L        | Check if this claim relates to a community debt    | Debts to pension or profit-sharing p               |                                |                  |
| ls ls    | s the claim subject to offest?                     |  |                                |                  |
|          | No   | Other. Specify Credit Card or                      | Credit Use                     |                  |
|          | Yes  |  |                                |                  |
|          |  |  |                                |                  |

|  |            | Case 16-19498 | Doc 1 | Filed 06/14/16  | Entered 06/14/16 13:59               | :56 Desc | Main |
|--|------------|---------------|-------|-----------------|--------------------------------------|----------|------|
| Debtor 1   | Linda      | Marie         |       | <b>Bacument</b> | Page 24 of 59 Case Number (if known) |          |      |
|  | First Name | Middle Name   |       | Last Name       |                                      |          |      |
| Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page  |            |               |       |                 |                                      |          |      |
| After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. |            |               |       |                 |                                      |          |      |

| After li | sting any entries on this page, number them be | eginning with 4.4, followed by 4.5, ar  | nd so forth.                   | Total Claim        |
|----------|--|---|--------------------------------|--------------------|
| 4.14     | Macys/dsnb                                     | Last 4 digits of account number _       | NULL                           | \$ <u>1,272.00</u> |
|          | Creditor's Name                                | When was the debt incurred?             | 2012-2015                      |                    |
|          | 9111 Duke Blvd                                 | when was the dept incurred?             |                                |                    |
|          | Number Street                                  |   |                                |                    |
|          |  | As of the date you file, the claim is   | : Check all that apply.        |                    |
|          | Mason OH 45040                                 | Contingent                              |                                |                    |
|          | City State Zip Code                            | Unliquidated                            |                                |                    |
| V        | Who owes the debt? Check one.                  | Disputed                                |                                |                    |
|          | Debtor 1 only                                  |   |                                |                    |
|          | Debtor 2 only                                  | Type of NONPRIORITY unsecured           | claim:                         |                    |
| Ī        | Debtor 1 and Debtor 2 only                     | Student loans                           |                                |                    |
| Ī        | At least one of the debtors and another        | Obligations arising out of a separat    | ion agreement or divorce       |                    |
| lī       | Check if this claim relates to a               | that you did not report as priority cla | aims                           |                    |
|          | community debt                                 | Debts to pension or profit-sharing p    | olans, and other similar debts |                    |
| ls       | s the claim subject to offest?                 |   |                                |                    |
|          | No   | Other. Specify Credit Card or           | Credit Use                     |                    |
| $\vdash$ | Yes  |   | NII II I                       | • 2 111 00         |
| 4.15     | MB Financial BANK                              | Last 4 digits of account number         | NULL                           | \$ <u>3,111.00</u> |
|          | Creditor's Name<br>6111 N River Rd             | When was the debt incurred?             | 2011-2015                      |                    |
|          | Number Street                                  | when was the dept incurred:             |                                |                    |
|          | Number Street                                  |   |                                |                    |
|          |  | As of the date you file, the claim is:  | : Check all that apply.        |                    |
|          | Rosemont IL 60018                              | Contingent                              |                                |                    |
|          | City State Zip Code                            | Unliquidated                            |                                |                    |
| v        | Who owes the debt? Check one.                  | Disputed                                |                                |                    |
|          | Debtor 1 only                                  |   |                                |                    |
|          | Debtor 2 only                                  | Type of NONPRIORITY unsecured           | claim:                         |                    |
| ΙĪ       | Debtor 1 and Debtor 2 only                     | Student loans                           |                                |                    |
| Ī        | At least one of the debtors and another        | Obligations arising out of a separat    | ion agreement or divorce       |                    |
| lī       | Check if this claim relates to a               | that you did not report as priority cla | aims                           |                    |
| -        | community debt                                 | Debts to pension or profit-sharing p    | olans, and other similar debts |                    |
| ls       | s the claim subject to offest?                 |   |                                |                    |
|          | No   | Other. Specify Credit Card or           | Credit Use                     |                    |
| $\vdash$ | Yes Complete (DD)                              |   | All II I                       | * 4 000 00         |
| 4.16     | Syncb/BP                                       | Last 4 digits of account number         | NULL                           | \$ <u>1,032.00</u> |
|          | Creditor's Name Po Box 965024                  | When was the debt incurred?             | 2007-2016                      |                    |
|          |  | Titlett was the dest mounted.           | <del></del>                    |                    |
|          | Number Street                                  |   |                                |                    |
|          |  | As of the date you file, the claim is:  | : Check all that apply.        |                    |
|          | Orlando FL 32896                               | Contingent                              |                                |                    |
|          | City State Zip Code                            | Unliquidated                            |                                |                    |
| v        | who owes the debt? Check one.                  | Disputed                                |                                |                    |
|          | Debtor 1 only                                  |   |                                |                    |
| [        | Debtor 2 only                                  | Type of NONPRIORITY unsecured           | claim:                         |                    |
|          | Debtor 1 and Debtor 2 only                     | Student loans                           |                                |                    |
| [        | At least one of the debtors and another        | Obligations arising out of a separat    | ion agreement or divorce       |                    |
| [        | Check if this claim relates to a               | that you did not report as priority cla | aims                           |                    |
|          | community debt                                 | Debts to pension or profit-sharing p    | olans, and other similar debts |                    |
| ls       | s the claim subject to offest?                 | _                                       |                                |                    |
|          | No   | Other. Specify Credit Card or           | Credit Use                     |                    |
|          | Yes  |   |                                |                    |

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Case Number (if known) **Document** Linda Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 

| 4.17 Syncb/Sams Club                       | Last 4 digits of account number NULL                              | <u>\$_1,314.00</u> |
|--|---|--------------------|
| Creditor's Name                            | 2015 2010   |                    |
| Po Box 965005                              | When was the debt incurred? 2015-2016                             |                    |
| Number Street                              |   |                    |
|  | As of the date you file, the claim is: Check all that apply.      |                    |
|  |   |                    |
| Orlando FL 32896                           | Contingent  |                    |
| City State Zip Code                        | Unliquidated  |                    |
| Who owes the debt? Check one.              | Disputed  |                    |
| Debtor 1 only                              |   |                    |
| Debtor 2 only                              | Type of NONPRIORITY unsecured claim:                              |                    |
| <b>                                   </b> | ri di                         |                    |
| Debtor 1 and Debtor 2 only                 | ☐ Student loans   |                    |
| At least one of the debtors and another    | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a           | that you did not report as priority claims                        |                    |
| community debt                             | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?            |   |                    |
| No   | Other. Specify Credit Card or Credit Use                          |                    |
| Yes  |   |                    |
| 4.18 Syncb/Walmart                         | Last 4 digits of account number NULL                              | <u>\$_1,625.00</u> |
| Creditor's Name                            | 2010 2010   |                    |
| Po Box 965024                              | When was the debt incurred? 2013-2016                             |                    |
| Number Street                              |   |                    |
|  | As of the date you file, the claim is: Check all that apply.      |                    |
|  |   |                    |
| Orlando FL 32896                           | Contingent  |                    |
| City State Zip Code                        | Unliquidated  |                    |
| Who owes the debt? Check one.              | Disputed  |                    |
| Debtor 1 only                              |   |                    |
| Debtor 2 only                              | Type of NONPRIORITY unsecured claim:                              |                    |
| <b> </b>                                   |   |                    |
| Debtor 1 and Debtor 2 only                 | ☐ Student loans   |                    |
| At least one of the debtors and another    | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a           | that you did not report as priority claims                        |                    |
| community debt                             | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?            |   |                    |
| No   | Other. Specify Credit Card or Credit Use                          |                    |
| Yes  |   |                    |
| 4.19 TD BANK USA/Targetcred                | Last 4 digits of account number NULL                              | \$ <u>3,015.00</u> |
| Creditor's Name                            | 0040 0045   |                    |
| Po Box 673                                 | When was the debt incurred? 2010-2015                             |                    |
| Number Street                              |   |                    |
|  | As of the date you file, the claim is: Check all that apply.      |                    |
|  | _   |                    |
| Minneapolis MN 55440                       | Contingent  |                    |
| City State Zip Code                        | Unliquidated  |                    |
| Who owes the debt? Check one.              | Disputed  |                    |
| Debtor 1 only                              |   |                    |
| Debtor 2 only                              | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                 | Student loans   |                    |
|  |   |                    |
| At least one of the debtors and another    | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a           | that you did not report as priority claims                        |                    |
| community debt                             | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?            | _   |                    |
| No   | Other. Specify Credit Card or Credit Use                          |                    |
| Yes  |   |                    |

Official Form 106E/F

Case 16-19498

List Others to Be Notified for a Debt That You Already Listed

**Document** 

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Case Number (if known)

Debtor 1 Linda

Marie

| 5. | Use this page only if you have others to be notified above example, if a collection agency is trying to collect from 12, then list the collection agency here. Similarly, if you hadditional creditors here. If you do not have additional process. | you for a debt you    | ou owe to someone else, list the origina<br>one creditor for any of the debts that you | l creditor in Parts 1 or<br>u listed in Parts 1 or 2, list the |
|----|---|-----------------------|--|--|
|    | Credit Control LLC  |                       | On which entry in Part 1 or Part 2 li  | ist the original creditor?                                     |
|    | Name<br>PO Box 248  |                       | Line 1 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims               |
|    | Number Street   |                       |  | Part 2: Creditors with Nonpriority Unsecured Claims            |
|    |   | //O 63042<br>Zip Code | Last 4 digits of account number _  | NULL   |
|    | Capital Management Services   | Zip Code              |  |  |
|    | Name  |                       | On which entry in Part 1 or Part 2 li  | -  |
|    | 726 Exchange St., Ste. 700  |                       | Line1 of (Check one):  | Part 1: Creditors with Priority Unsecured Claims               |
|    | Number Street   |                       |  | Part 2: Creditors with Nonpriority Unsecured Claims            |
|    |   |                       |  | NULL   |
|    | Buffalo N' City State   | Y 14210<br>Zip Code   | Last 4 digits of account number _  | NOLL   |
|    | Clerk, First Mun Div  |                       | On which entry in Part 1 or Part 2 li  | ist the original creditor?                                     |
|    | Name<br>50 W. Washington St., Rm. 1001  |                       | Line 4 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims               |
|    | Number Street   |                       | Line of (Check one).   | Part 2: Creditors with Nonpriority Unsecured Claims            |
|    |   |                       |  |  |
|    | Chicago   | <br>IL 60602          | Last 4 digits of account number _  | 1036   |
|    |   | Zip Code              |  |  |
|    | Blatt, Hasenmiller, Leibsker  |                       | On which entry in Part 1 or Part 2 li  | ist the original creditor?                                     |
|    | Name<br>10 S. LaSalle St. Ste 2200  |                       | Line <sup>4</sup> of (Check one):  | Part 1: Creditors with Priority Unsecured Claims               |
|    | Number Street   |                       |  | Part 2: Creditors with Nonpriority Unsecured Claims            |
|    |   |                       |  |  |
|    | Chicago   | 60603                 | Last 4 digits of account number _  | 1036   |
|    | City State  | Zip Code              |  |  |
|    | Clerk, First Mun Div  |                       | On which entry in Part 1 or Part 2 li  | ist the original creditor?                                     |
|    | Name<br>50 W. Washington St., Rm. 1001  |                       | Line5 of (Check one):  | Part 1: Creditors with Priority Unsecured Claims               |
|    | Number Street   |                       |  | Part 2: Creditors with Nonpriority Unsecured Claims            |
|    |   |                       |  |  |
|    |   | IL 60602              | Last 4 digits of account number _  | <u> 1904</u>   |
| _  |   | Zip Code              |  |  |
|    | Blatt, Hasenmiller, Leibsker  |                       | On which entry in Part 1 or Part 2 li  | ist the original creditor?                                     |
|    | Name<br>10 S. LaSalle St. Ste 2200  |                       | Line 5 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims               |
|    | Number Street   |                       |  | Part 2: Creditors with Nonpriority Unsecured Claims            |
|    |   |                       |  | 400.4  |
|    | Chicago IL City State   | 60603<br>Zip Code     | Last 4 digits of account number _  | 1904   |
|    | ony State   | Lip Gode              |  |  |

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Page 27 of 59 Document Linda Debtor 1 First Name Last Name Midland Funding, LLC On which entry in Part 1 or Part 2 list the original creditor? 8875 Aero Drive, # 200 Part 1: Creditors with Priority Unsecured Claims Line 6 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Street Number San Diego CA 92123 Last 4 digits of account number \_\_\_\_ NULL \_\_\_\_ State Zip Code City D & A Services On which entry in Part 1 or Part 2 list the original creditor? Name Line 6 of (Check one): Part 1: Creditors with Priority Unsecured Claims 1400 E. Touthy Ave. Part 2: Creditors with Nonpriority Unsecured Claims Number Street Last 4 digits of account number \_\_\_\_ NULL 60018 Des Plaines City State Zip Code Clerk, First Mun Div On which entry in Part 1 or Part 2 list the original creditor? Name 50 W. Washington St., Rm. 1001 Part 1: Creditors with Priority Unsecured Claims Line 8 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Number II 60602 Chicago Last 4 digits of account number \_\_\_\_\_ 8293\_\_\_\_\_ State Zip Code City Blitt and Gaines, PC On which entry in Part 1 or Part 2 list the original creditor? Name Line \_\_\_8 \_\_\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims 661 Glenn Ave. Part 2: Creditors with Nonpriority Unsecured Claims Street Number Last 4 digits of account number \_\_\_\_ Wheeling 60090 State Zip Code IL Dept. of Healthcare & Fam. On which entry in Part 1 or Part 2 list the original creditor? Part 1: Creditors with Priority Unsecured Claims 509 S. 6th St. Line 12 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Number Street Springfield IL 62701 Last 4 digits of account number \_\_\_\_ 3688\_\_\_\_\_ State Zip Code City Attorney General of Illinois On which entry in Part 1 or Part 2 list the original creditor? Line \_\_12\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims 100 W. Randolph St. Part 2: Creditors with Nonpriority Unsecured Claims Number Last 4 digits of account number \_\_\_\_\_3688 60601 State Zip Code Phillips & Cohen Associates On which entry in Part 1 or Part 2 list the original creditor? Name 258 Chapman Rd., Ste. 205 Line \_\_14\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number DE 19702 Last 4 digits of account number \_\_\_\_ NULL \_\_\_ Newark State Zip Code City

Doc 1 Filed 06/14/16 Entered 06/14/16 13:59:56 Desc Main Case 16-19498 Page 28 of 59 **Document** Linda Marie Debtor 1 First Name Middle Name Last Name Credit Control LLC On which entry in Part 1 or Part 2 list the original creditor? Line \_\_14\_\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims PO Box 248 Street Part 2: Creditors with Nonpriority Unsecured Claims Number Last 4 digits of account number \_\_\_\_ NULL \_\_\_ Hazelwood MO 63042 City State Zip Code

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Linda Debtor 1

Marie

Add the Amounts for Each Type of Unsecured Claim

**Document** 

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Add the amounts for each type of unsecured claim.

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.

|                             |   |            | Total claim |      |
|-----------------------------|---|------------|-------------|------|
| Total claims<br>from Part 1 | 6a. Domestic support obligations  | 6a.        | \$          | 0.00 |
|                             | 6b. Taxes and Certain other debts you owe the government  | 6b.        | \$          | 0.00 |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c.        | \$          | 0.00 |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims.  Write that amount here.                         | 6d.        | \$          | 0.00 |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e.        | \$          | 0.00 |
|                             |   |            | Total claim |      |
| Total claims<br>from Part 2 | 6f. Student loans   | 6f.        | \$          | 0.00 |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.        | \$          | 0.00 |
|                             |   |            |             |      |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.        | \$          | 0.00 |
|                             |   | 6h.<br>6i. | \$          | _    |

|         |                           | Caso 16                                | 10/09 Doc 1                   | Filod 06/14/16  | First and 0.014 A14.0.4  | 10.50.50                            | Dana Main          |      |
|---------|---------------------------|--|-------------------------------|---|--|-------------------------------------|--------------------|------|
| Fill    | in this in                | formation to ident                     |                               |   | Entered 06/14/16 1<br>0 of 59  | 13:59:56                            | Desc Main          |      |
| Deb     | otor 1                    | Linda                                  | Marie                         | Sanchez   |  |                                     |                    |      |
|         |                           | First Name                             | Middle Name                   | Last Name   |  |                                     |                    |      |
| l       | otor 2<br>use, if filing) | First Name                             | Middle Name                   | Last Name   |  |                                     |                    |      |
| Unit    | ted States                | Bankruptcy Court for                   | the : <u>NORTHERN</u> Distric |   |  |                                     |                    |      |
| ı       | se Number                 |  |                               | (State)   |  |                                     | Check if this is a | n    |
|         | nown)                     | orm 106G                               |                               |   |  |                                     | amended filing     |      |
|         |                           |  | ory Contracts a               | nd Unexpired Lea  | ses  |                                     |                    | 12/1 |
| Be as o | complete<br>ation. If n   | and accurate as p<br>nore space is nee | ossible. If two married pe    | eople are filing together, bot<br>page, fill it out, number the e | n are equally responsible for sup<br>ntries, and attach it to this page. | oplying correct<br>On the top of an | у                  |      |
|         | . •                       | •                                      | contracts or unexpired lea    | •   |  |                                     |                    |      |
|         | No. Ch                    | eck this box and s                     | ubmit this form to the court  | with your other schedules. Y                                      | ou have nothing else to report on  | this form.                          |                    |      |
|         |                           |  |                               |   | Schedule A/B: Property (Official F                                       |                                     |                    |      |
|         |                           |  |                               |   |  |                                     |                    |      |
| exa     | -                         | nt, vehicle lease,                     |                               |   | Then state what each contract uction booklet for more examples           |                                     |                    |      |
|         | •                         |  | om you have the contrac       | t or lease  | State what the o   | contract or lease                   | is for             |      |
| 2.1     | Anne Ro                   | ozowicz                                |                               |   |  |                                     |                    |      |
|         | Name                      |  |                               |   |  |                                     |                    |      |
|         | 5722 S A                  | Archer                                 |                               |   | -  |                                     |                    |      |
|         | Chicago                   | 1                                      | IL                            | 60638   | _  |                                     |                    |      |
| 2.2     | City                      |  | State                         | Zip Code  |  |                                     |                    |      |
| 2.2     | GMAC<br>Name              |  |                               |   |  |                                     |                    |      |
|         | 2740 Ar                   | thur St.                               |                               |   | -  |                                     |                    |      |
|         | Number                    | Street                                 |                               | 55440   |  |                                     |                    |      |
|         | Roseville<br>City         | <u>e</u>                               |                               | 55113<br>Zip Code   | -  |                                     |                    |      |
| 2.3     |                           |  |                               |   |  |                                     |                    |      |
|         | Name                      |  |                               |   |  |                                     |                    |      |
|         | Number                    | Street                                 |                               |   | -  |                                     |                    |      |
|         | City                      |  | State                         | Zip Code  | -  |                                     |                    |      |
|         |                           |  |                               |   |  |                                     |                    |      |
| 2.4     |                           |  |                               |   |  |                                     |                    |      |
|         | Name                      |  |                               |   |  |                                     |                    |      |
|         | Number                    | Street                                 |                               |   |  |                                     |                    |      |
|         | City                      |  | State                         | Zip Code  | -  |                                     |                    |      |
| 2.5     |                           |  |                               |   |  |                                     |                    |      |
|         | Name                      |  |                               |   |  |                                     |                    |      |
|         |                           |  |                               |   | -  |                                     |                    |      |

State Zip Code

City

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| Fill in this in     | Fill in this information to identify your case: |                                       |           |  |  |
|---------------------|---|---------------------------------------|-----------|--|--|
| Debtor 1            | Linda   | Marie                                 | Sanchez   |  |  |
|                     | First Name                                      | Middle Name                           | Last Name |  |  |
| Debtor 2            | -   |                                       |           |  |  |
| (Spouse, if filing) | First Name                                      | Middle Name                           | Last Name |  |  |
| United States       | Bankruptcy Court fo                             | r the : <u>NORTHERN</u> District of _ |           |  |  |
| Case Number         | r   |                                       | (State)   |  |  |
| (If known)          |   |                                       |           |  |  |

## Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any Ao        | dditional Pa | ages, write your name and             | I case number (if known). Answ                                   | er every questi | on.  |
|---------------|--------------|---------------------------------------|--|-----------------|--|
| 1. <b>D</b> o | o you have   | any codebtors? (If you are            | e filing a joint case, do not list eith                          | ner spouse as a | codebtor.)   |
|               | No.          |                                       |  |                 |  |
|               | Yes          |                                       |  |                 |  |
|               |              |                                       | in a community property state of evada, New Mexico, Puerto Rico, | = :             | ommunity property states and territories include gton, and Wisconsin.) |
|               | No. Go t     | to line 3.                            |  |                 |  |
|               | Yes. Did     | I your spouse, former spous           | se, or legal equivalent live with yo                             | ou at the time? |  |
|               | _            | s. Inwhich community state            | or territory did you live?                                       | ·               | Fill in the name and current address of that person.                   |
|               | Name         | e of your spouse, former spouse or le | egal equivalent  |                 |  |
|               | Numb         | per Street                            |  |                 |  |
|               | City         |                                       | State  | Zip Cod         | 9  |
| S             |              | F, or Schedule G to fill out          | Column 2.  |                 | Column 2: The creditor to whom you owe the debt                        |
| 0.4           |              |                                       |  |                 | Check all schedules that apply:  |
| 3.1           |              |                                       |  |                 | Schedule D, line   |
|               | Name         |                                       |  |                 | Schedule E/F, line   |
|               | Number       | Street                                |  |                 | Schedule G, line   |
|               | City         |                                       | State  | Zip Code        |  |
| 3.2           |              |                                       |  |                 | Schedule D, line   |
|               | Name         |                                       |  |                 | Schedule E/F, line   |
|               | Number       | Street                                |  |                 | Schedule G, line   |
|               | City         |                                       | State  | Zip Code        |  |
| 3.3           |              |                                       |  |                 | Schedule D, line   |
|               | Name         |                                       |  |                 | Schedule E/F, line   |
|               | Number       | Street                                |  |                 | Schedule G, line   |
|               | City         |                                       | State  | Zip Code        |  |

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|                     |                    |                 | 1200-01110-111 | 01 33                                     |
|---------------------|--------------------|-----------------|----------------|---|
| Fill in this ir     | formation to ident | tify your case: |                |   |
| Debtor 1            | Linda              | Marie           | Sanchez        |   |
|                     | First Name         | Middle Name     | Last Name      |   |
| Debtor 2            |                    |                 |                |   |
| (Spouse, if filing) | First Name         | Middle Name     | Last Name      |   |
| Case Numbe          | г                  |                 |                | Check if this is:                         |
| (If known)          | 「 <u></u>          |                 |                |   |
|                     |                    |                 |                | An amended filing                         |
|                     |                    |                 |                | A supplement showing post-petition        |
|                     |                    |                 |                | chapter 13 income as of the following dat |
| fficial F           | orm 106I           |                 |                |   |
|                     | <u> </u>           |                 |                | MM / DD / YYYY                            |

#### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Tt 1: Describe Employment  |                          |   |                               |                                   |  |  |  |
|----|--|--------------------------|---|-------------------------------|-----------------------------------|--|--|--|
| 1. | Fill in your employment information  | Debtor 1                 |   | Debtor 2 or non-filing spouse |                                   |  |  |  |
|    | If you have more than one job, attach a separate page with information about additional employers.   | Employment status        | X Employed Not employed                         |                               | Employed  Not employed            |  |  |  |
|    | Include part-time, seasonal, or self-employed work.  | Occupation               | Security  |                               |                                   |  |  |  |
|    | Occupation may Include student or homemaker, if it applies.  | Employers name           | IFPC Security                                   |                               |                                   |  |  |  |
|    |  | Employers address        | 5440 N Cumberland Ave #160<br>Chicago, IL 60656 |                               |                                   |  |  |  |
|    |  | How long employed there? |   |                               |                                   |  |  |  |
| Pa |  |                          |   |                               |                                   |  |  |  |
|    | Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. |                          |   |                               |                                   |  |  |  |
|    |  |                          |   | For Debtor 1                  | For Debtor 2 or non-filing spouse |  |  |  |
| 2. | List monthly gross wages, salary and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.   |                          |   | \$1,040.00                    | \$0.00                            |  |  |  |
| 3. | 3. Estimate and list monthly overtime pay.   |                          |   | \$0.00                        | \$0.00                            |  |  |  |
| 4. | 4. Calculate gross income. Add line 2 + line 3.  |                          |   | \$1,040.00                    | \$0.00                            |  |  |  |

 Official Form 106I
 Record # 710824
 Schedule I: Your Income
 Page 1 of 2

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Debtor 1 Linda Marie Document Sanchez
First Name Middle Name Last Name

Page 33 of 59
Case Number (if known)
Last Name

|               |   |              | For Debtor 1                            |   | ebtor 2 or<br>ling spouse |                      |
|---------------|---|--------------|---|---|---------------------------|----------------------|
| C             | opy line 4 here   | 4.           | \$1,040.00                              |   | \$0.00                    |                      |
| 5. List       | all payroll deductions:   |              |   |   |                           |                      |
| 58            | a. Tax, Medicare, and Social Security deductions  | 5a.<br>_     | \$195.00                                |   | \$0.00                    |                      |
| 5h            | b. Mandatory contributions for retirement plans   | 5b.<br>      | \$0.00                                  |   | \$0.00                    |                      |
| 50            | c. Voluntary contributions for retirement plans   | 5c.          | \$0.00                                  |   | \$0.00                    |                      |
| 50            | d. Required repayments of retirement fund loans   | 5d.          | \$0.00                                  |   | \$0.00                    |                      |
| 56            | e. Insurance  | 5e.          | \$0.00                                  |   | \$0.00                    |                      |
| 5f            | Domestic support obligations  | 5f.<br>      | \$0.00                                  |   | \$0.00                    |                      |
| 50            | g. Union dues   | 5g.<br>_     | \$0.00                                  |   | \$0.00                    |                      |
| 5h            | n. Other deductions. Specify:   | 5h.<br>      | \$0.00                                  |   | \$0.00                    |                      |
|               | the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.  | 6.           | \$195.00                                |   | \$0.00                    |                      |
| 7. Calc       | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.           | \$845.00                                |   | \$0.00                    |                      |
| 8. List a     | all other income regularly received:  | _            | _                                       |   |                           |                      |
| 88            | a. Net income from rental property and from operating a business,   |              |   |   |                           |                      |
|               | profession, or farm   |              |   |   |                           |                      |
|               | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |              |   |   |                           |                      |
|               | monthly net income.   | 8a.          | \$0.00                                  |   | \$0.00                    |                      |
| 81            | b. Interest and dividends   | 8b.          | \$0.00                                  |   | \$0.00                    |                      |
| 80            | c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  | 8c.          | \$ 0.00                                 |   | \$ 0.00                   |                      |
|               | Include alimony, spousal support, child support, maintenance, divorce   |              |   |   |                           |                      |
|               | settlement, and property settlement.  |              |   |   |                           |                      |
| 80            | • • •   | 8d.<br>      | \$0.00                                  |   | \$0.00                    |                      |
| 86            | e. Social Security  | 8e.<br>—     | \$791.00                                |   | \$0.00                    |                      |
| 8f            |   | 8f.<br>—     | \$0.00                                  |   | \$0.00                    |                      |
|               | Include cash assistance and the value (if known) of any non-cash  |              |   |   |                           |                      |
|               | assistance that you receive, such as food stamps (benefits under the  |              |   |   |                           |                      |
|               | Supplemental Nutrition Assistance Program) or housing subsidies.  |              |   |   |                           |                      |
| 0,            | Specify:  | 9~           | <b>#0.00</b>                            |   | <b>#0.00</b>              |                      |
| 8(            |   | 8g.<br>—     | \$0.00                                  |   | \$0.00                    |                      |
| 81            | , , ,   | 8h.<br>—     | \$250.00                                |   | \$0.00                    |                      |
| 9. <b>A</b>   | dd all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9            | \$1,041.00                              |   | \$0.00                    |                      |
| 10. <b>C</b>  | alculate monthly income. Add line 7 + line 9.   | 10.          | \$1,886.00                              | + | \$0.00 =                  | \$1,886.00           |
| A             | dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | _            | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | 70.00                     | <b>— 41,000.0</b>    |
| In<br>ot<br>D | tate all other regular contributions to the expenses that you list in Schedule clude contributions from an unmarried partner, members of your household, you ther friends or relatives.  o not include any amounts already included in lines 2-10 or amounts that are respective. | our dependen |   |   |                           | <b>\$0.00</b>        |
| 5             | pecify:   |              |   |   | 1                         | 1. \$0.00            |
|               | dd the amount in the last column of line 10 to the amount in line 11. The restrict that amount on the Summary of Schedules and Statistical Summary of Ce  |              | •                                       |   | 1                         | 12. <b>\$1,886.0</b> |
| _             | o you expect an increase or decrease within the year after you file this form  X  No.  Yes. Explain:  | 1?           |   |   |                           |                      |
|               |   |              |   |   |                           |                      |

| Fill in this in                 | nformation to identify  | your case:   |                                 |   |   |                               |
|---------------------------------|---|--|---------------------------------|---|---|-------------------------------|
| Debtor 1                        | Linda   | Marie  | Sanchez                         | Check if this is:   | :                                       |                               |
|                                 | First Name  | Middle Name  | Last Name                       | An ameno  | •                                       |                               |
| Debtor 2<br>(Spouse, if filing) | First Name  | Middle Name  | Last Name                       |   | nent showing post<br>of the following d | -petition chapter 13<br>ate:  |
| United States                   | s Bankruptcy Court for the  | :NORTHERN DISTRICT C                                 | F ILLINOIS                      |   |   |                               |
| Case Numbe<br>(If known)        | er  |  | _                               | MM / DD /   | YYYY                                    |                               |
| L<br>Official F                 | orm 106J  |  |                                 |   | •                                       | 2 because Debtor 2            |
|                                 |   |  |                                 | maintains   | a separate house                        | noia.                         |
|                                 | le J: Your E  | _  | la ana filina da madh an la adh |   |   | 12/14                         |
|                                 |   |  |                                 | are equally responsible for supply<br>ages, write your name and case nu | _                                       |                               |
| Part 1:                         | Describe Your Househo   | ild  |                                 |   |   |                               |
| _ =                             | Go to line 2.  Does Debtor 2 live in  No.                           | a separate household?<br>oust file a separate Schedu | e J.                            |   |   |                               |
| 2. Do you                       | have dependents?  | No No  |                                 | Dependent's relationship to<br>Debtor 1 or Debtor 2                     | Dependent's age                         | Does dependent live with you? |
| Do not li<br>Debtor 2           | ist Debtor 1 and  |  | this information for dent       | Son   | 10                                      | No                            |
|                                 | state the dependents'   |  |                                 |   |   | X Yes                         |
| names.                          |   |  |                                 | Daughter  | 18                                      | No                            |
|                                 |   |  |                                 |   |   | X Yes                         |
|                                 |   |  |                                 |   |   | Yes                           |
|                                 |   |  |                                 |   |   | X No                          |
|                                 |   |  |                                 |   |   | Yes                           |
|                                 |   |  |                                 |   |   | X No                          |
|                                 |   |  |                                 |   |   | Yes                           |
| expense                         | expenses include<br>es of people other tha<br>f and your dependents | 1              |                                 |   |   |                               |
| Part 2:                         | Estimate Your Ongoing   | Monthly Expenses                                     |                                 |   |   |                               |
| -                               |   |  |                                 | m as a supplement in a Chapter 13                                       | =                                       |                               |
| the applicable                  |   | kruptcy is filed. If this is a                       | supplemental Schedule J         | , check the box at the top of the fo                                    | rm and fill in                          |                               |
|                                 | -   | =  | nce if you know the value       |   | v                                       | our expenses                  |
|                                 |   |  | Income (Official Form 106       |   |   | our expenses                  |
|                                 | tal or home ownershi<br>t for the ground or lot.                    | p expenses for your resid                            | ence. Include first mortgag     | e payments and  | 4.                                      | \$750.00                      |
|                                 | cluded in line 4:   |  |                                 |   |   | *******                       |
| 4a. Re                          | eal estate taxes  |  |                                 |   | 4a.                                     | \$0.00                        |
| 4b. Pr                          | operty, homeowner's,  | or renter's insurance                                |                                 |   | 4b.                                     | \$0.00                        |
| 4c. Ho                          | ome maintenance, repa   | air, and upkeep expenses                             |                                 |   | 4c.                                     | \$0.00                        |
| 4d. Ho                          | omeowner's associatio   | n or condominium dues                                |                                 |   | 4d.                                     | \$0.00                        |

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Linda Debtor 1

Marie

Document

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Case Number (if known) \_\_

First Name Middle Name Last Name Your expenses \$0.00 5 Additional Mortgage payments for your residence, such as home equity loans 6. **Utilities:** \$145.00 6a. 6a. Electricity, heat, natural gas \$0.00 6b. Water, sewer, garbage collection \$75.00 Telephone, cell phone, internet, satellite, and cable service \$ 0.00 Other. Specify: 6d. \$300.00 7. 7. Food and housekeeping supplies \$0.00 8. 8. Childcare and children's education costs \$30.00 9. Clothing, laundry, and dry cleaning 10. \$10.00 Personal care products and services 10. \$10.00 11. Medical and dental expenses 11. \$143.00 **Transportation.** Include gas, maintenance, bus or train fare. 12. Do not include car payments. \$0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations 14. \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. \$0.00 15a. 15a Life insurance \$0.00 15b. Health insurance 15b. \$160.00 15c. Vehicle insurance 15c. \$0.00 15d. 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: \$261.00 17a. 17a. Car payments for Vehicle 1 \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. 17c. Other. Specify:\_ \$0.00 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as deducted \$0.00 from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. \$ 0.00 20b. Real estate taxes \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. 20d. Maintenance, repair, and upkeep expenses \$ 0.00 20e 20e. Homeowner's association or condominium dues

Official Form 106J Record # 710824 Case 16-19498 Doc 1 Filed 06/14/16 Entered 06/14/16 13:59:56 Desc Main Document Page 36 of 59

Linda Marie Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$0.00 21. 21. Other. Specify: \_ 22.. Your monthly expense: Add lines 4 through 21. \$1,884.00 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$1,886.00 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$1,884.00 23b. Copy your monthly expenses from line 22 above. 23b.-\$2.00 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

Official Form 106J Record # 710824 Schedule J: Your Expenses Page 3 of 3

### Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |  |
|---|--|
| Did you pay or agree to pay someone who is NOT an                 | attorney to help you fill out bankruptcy forms?                                |
| No  ☐ Yes. Name of Person   | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and               |
|   | Signature (Official Form 119).   |
|   |  |
|   |  |
| Under penalty of perjury, I declare that I have read the correct. | e summary and schedules filed with this declaration and that they are true and |
| ** *** *** ***  |  |
| /s/ Linda Marie Sanchez Signature of Debtor 1                     | Signature of Debtor 2  |
| Date _06/09/2016  | Date   |
| MM / DD / YYYY  | MM / DD / YYYY   |

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| Fill in this in           | formation to ide    |   |                      |
|---------------------------|---------------------|---|----------------------|
| Debtor 1                  | Linda<br>First Name | Marie<br>Middle Name                          | Sanchez<br>Last Name |
| Debtor 2                  |                     |   |                      |
| (Spouse, if filing)       | First Name          | Middle Name                                   | Last Name            |
| United States             | Bankruptcy Court f  | or the : <u>NORTHERN</u> District of <u>l</u> |                      |
| Case Number<br>(If known) | -                   |   | (State)<br>          |

### Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| O1. What is your current marital status?    Married   Not married  |
|--|
| Married  Not married  Not married  During the last 3 years, have you lived anywhere other than where you live now?  No.  Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1  Dates Debtor 1  Ived there  Debtor 2:  Dates Debtor 2  Ived there  Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  No.   |
| Not married  During the last 3 years, have you lived anywhere other than where you live now?  No.  Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1  Dates Debtor 1  Debtor 2:  lived there  Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  No.  |
| Debtor 1  Debtor 1  Debtor 1  Dates Debtor 1  Ived there  Debtor 2:  Ived there  Dived there   |
| No.  Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1  Dates Debtor 1  lived there  Dates Debtor 2:  lived there  Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  No.   |
| Pebtor 1  Debtor 1  Debtor 2:  Dates Debtor 2:  Dived there  Dates Debtor 1  Debtor 2:  Dates Debtor 2  Dived there  Dates Debtor 2  Dates Debtor 3  Dates Debtor 4  Debtor 5:  Dates Debtor 9  Dates Debtor |
| Debtor 1 Dates Debtor 1 lived there  Debtor 2: Dates Debtor 2 lived there  Dates Debtor 2: Dates Debtor 2 lived there  Dates Debtor 2: Dates Debtor 2 lived there  No.   |
| lived there  Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  No.   |
| property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  No.  |
|  |
| Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).   |
|  |
|  |
| Explain the Sources of Your Income   |
|  |
|  |
|  |
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|  |
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|  |
|  |

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| tor 1 | Linda                     | Marie                  | Sanchez                       | C  | ase Number (if known)                     |                                       |
|-------|---------------------------|------------------------|-------------------------------|--|---|---------------------------------------|
|       | First Name                | Middle Name            | Last Name                     |  |   |                                       |
| Fill  | in the total amount of    | of income you received | from all jobs and all busines | ss during this year or the two<br>ses, including part-time activi<br>list it only once under Debto | ities.                                    |                                       |
| П     | No.                       |                        |                               |  |   |                                       |
|       | Yes. Fill in the detail   | s                      |                               |  |   |                                       |
| _     | 100. Till ill tilo dotail |                        | Debtor 1                      |  | Debtor 2                                  |                                       |
|       |                           |                        | Sources of income             | Gross income   |   | Cross income                          |
|       |                           |                        | Check all that apply          | (before deductions and   | Sources of income<br>Check all that apply | Gross income<br>(before deductions as |
|       |                           |                        |                               | exclusions)  | ,   | exclusions)                           |
|       | From Jonus 4 of           |                        | Wages, commissions,           | \$4,518  | Wages, commissions,                       |                                       |
|       | From January 1 of         | -                      | bonuses, tips                 |  | bonuses, tips                             |                                       |
|       | the date you filed f      | or bankruptcy:         | Operating a business          |  | Operating a business                      |                                       |
|       |                           |                        |                               |  |   |                                       |
|       | For last calendar y       | ear:                   | Wages, commissions,           | \$13,810   | Wages, commissions,                       |                                       |
|       | (January 1 to Dece        |                        | bonuses, tips                 |  | bonuses, tips                             |                                       |
|       | (January 1 to Dece        |                        | Operating a business          |  | Operating a business                      |                                       |
|       |                           |                        |                               |  |   |                                       |
|       | For the calendar ye       | ear before that:       | Wages, commissions,           | \$11,000   | Wages, commissions,                       |                                       |
|       | (January 1 to Dece        | mber 31, 2014)         | bonuses, tips                 |  | bonuses, tips                             |                                       |
|       | <b>(</b> , <b>)</b>       | , , ,                  | Operating a business          |  | Operating a business                      |                                       |
| _     | No.                       |                        |                               | ot include income that you list  |   |                                       |
|       | Yes. Fill in the detail   | s                      |                               |  |   |                                       |
|       |                           |                        | Debtor 1                      |  | Debtor 2                                  |                                       |
|       |                           |                        | Sources of income             | Gross income   | Sources of income                         | Gross income                          |
|       |                           |                        | Describe below.               | (before deductions and exclusions)   | Describe below.                           | (before deductions a<br>exclusions)   |
|       |                           |                        |                               |  |   | ,                                     |
|       | For last calendar y       | ear:                   | Pension withdrawal            | \$6,500  |   |                                       |
|       | (January 1 to Dece        | mber 31, 2015)         |                               |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |
| irt:  | 3 Lint Contain Do         | umanta Vau Mada Bafa   | re You Filed for Bankruptcy   |  |   |                                       |
|       | List Certain Pa           | yments Tou made Belo   | Te Tou Flied for Ballkruptcy  |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |
|       |                           |                        |                               |  |   |                                       |

Case 16-19498 Doc 1 Filed 06/14/16 Entered 06/14/16 13:59:56 Desc Main Page 40 of 59 Document Linda Marie Sanchez Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid owe 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Nο Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid Include creditor's name Identify Legal actions, Repossessions, and Foreclosures Part 4:

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| Debtor   | 1       | Linda  | Marie  | Sanchez                           | Case Number (if known)                                  |                    |
|--|---------|--|--|-----------------------------------|---|--------------------|
|  |         | First Name   | Middle Name  | Last Name                         |   |                    |
|  |         |  |  |                                   | rt action, or administrative proceeding?                |                    |
|  |         | all such matters, including all such matters, including all such that al |  | es, small claims actions, divorce | es, collection suits, paternity actions, support or cus | lody               |
|  | _       |  |  |                                   |   |                    |
|  | <u></u> |  |  |                                   |   |                    |
|  |         | Yes. Fill in the details   |  | Nature of the case                | Court or agapay   | Status of the case |
|  |         | Carital One Bank II  | laa N. A. V.C. Linda                                 |                                   | Court or agency   |                    |
|  |         | Capital One Bank U   | sa n A v5 Linda                                      | Collection                        | First Municipal Court, Cook County                      | Pending            |
|  |         | Sanchez  |  |                                   |   | On appeal          |
|  |         | CASE NUMBER#16   | 6M1111904  |                                   |   | Concluded          |
|  |         |  | <del></del>  |                                   |   |                    |
|  |         |  |  |                                   |   |                    |
|  |         | Capital One Bank U   | sa Na VS Linda                                       | Collection                        | First Municipal Court, Cook County                      | Pending            |
|  |         | Sanchez  |  |                                   |   | On appeal          |
|  |         | CASE NUMBER#16   | 6M1111036  |                                   |   | Concluded          |
|  |         |  |  |                                   |   |                    |
|  |         |  |  |                                   |   |                    |
|  |         | Citibank Na VS Linc  | la Sanchez   | Collection                        | First Municipal Court, Cook County                      | Pending            |
|  |         | CASE NUMBER#16   | 6M1108293  |                                   |   | On appeal          |
|  |         |  |  |                                   |   | Concluded          |
|  |         |  |  |                                   |   |                    |
|  |         |  |  |                                   |   |                    |
|  |         |  | filed for bankruptcy, was fill in the details below. | any of your property repossesse   | ed, foreclosed, garnished, attached, seized, or levie   | ed?                |
|  |         | No. Go to line 11  |  |                                   |   |                    |
|  |         | Yes. Fill in the information   | ation below.   |                                   |   |                    |
|  | _       |  |  |                                   |   |                    |
| Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accour or refuse to make a payment because you owed a debt? |         |  |  |                                   | om your accounts  |                    |
|  |         | No. Go to line 11  |  |                                   |   |                    |
|  |         | Yes. Fill in the information   | ation below.   |                                   |   |                    |
|  |         |  |  |                                   | oossession of an assignee for the benefit of credi      | tors, a            |
|  | _       |  | r, a custodian, or anothe                            | er official?                      |   |                    |
| !<br>!   | ■ N     | vo.<br>∕es.  |  |                                   |   |                    |
|  |         |  |  |                                   |   |                    |
| Pa   | rt 5:   | List Certain Gifts   | and Contributions                                    |                                   |   |                    |
| 13   | With    | nin 2 years before yo  | u filed for bankruptcy,                              | did you give any gifts with a to  | tal value of more than \$600 per person?                |                    |
|  |         | No.  |  |                                   |   |                    |
|  | □ '     | Yes. Fill in the details   | for each gift.                                       |                                   |   |                    |
| 14   | With    | nin 2 years before yo  | ou filed for bankruptcy,                             | did you give any gifts or contril | butions with a total value of more than \$600 to an     | y charity?         |
|  |         | No.  |  |                                   |   |                    |
|  |         | Yes. Fill in the details   | for each gift.                                       |                                   |   |                    |
|  |         |  | · ·  |                                   |   |                    |
| Pa   | rt 6:   | List Certain Loss  | ses  |                                   |   |                    |
|  |         | nin 1 year before you<br>abling?   | ı filed for bankruptcy or                            | since you filed for bankruptcy    | , did you lose anything because of theft, fire, othe    | er disaster, or    |
|  |         | No.  |  |                                   |   |                    |
|  | _       | Yes. Fill in the details   | for each gift.                                       |                                   |   |                    |
|  | _       |  | <b>3</b> "   |                                   |   |                    |
| Pa   | rt 7:   | List Certain Payr  | ments or Transfers                                   |                                   |   |                    |
|  |         |  |  |                                   |   |                    |
|  |         |  |  |                                   |   |                    |

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| Debtor 1 | Linda                   | Marie  | Sanchez  | Case Number                | (if known)               |  |
|----------|-------------------------|--|--|----------------------------|--------------------------|--|
|          | First Name              | Middle Name  | Last Name  |                            |                          |  |
| al       | oout seeking bankrup    | tcy or preparing a bankr                               | id you or anyone else acting on your b<br>uptcy petition?<br>parers, or credit counseling agencies fo        |                            |                          | ou consulted                                 |
|          | No.                     |  |  |                            |                          |  |
|          | Yes. Fill in the detail | ls   |  |                            |                          |  |
|          | Party Contact Info      |  | Description and value of any pro   | perty transferred          | Date payment or transfer | Amount of payment                            |
|          | Geraci Law L.L.C.       |  |  |                            |                          | Payment/Value:                               |
|          | 55 E. Monroe Stre       | et #3400   |  |                            |                          | \$2,295.00: \$1,165.00 paid prior to filing, |
|          | Chicago,IL 60603        |  |  |                            |                          | balance to be paid after case filing.        |
|          |                         |  |  |                            |                          |  |
|          | Party Contact Info      |  | Description and value of any pro   | perty transferred          | Date payment or transfer | Amount of payment                            |
|          | Hananwill Credit C      | Counseling   | Credit Counseling Services   |                            | 2016                     | \$25.00                                      |
|          | 115 N. Cross St.        |  |  |                            |                          |  |
|          | Robinson, IL 6245       | 4  |  |                            |                          |  |
|          |                         |  |  |                            |                          |  |
|          |                         |  |  |                            |                          |  |
|          |                         |  |  |                            |                          |  |
|          |                         |  |  |                            |                          |  |
| p<br>D   | romised to help you d   |  | id you or anyone else acting on your b<br>or to make payments to your creditors?<br>u listed on line 16.     |                            | y property to anyone v   | vho  |
|          | Yes. Fill in the detail | ls.  |  |                            |                          |  |
|          |                         |  | Description and value of any proper  | ty transferred             | Date payment or          | Amount of payment                            |
|          |                         |  | , <b>-</b>   | ,                          | transfer was made        |  |
|          | Clearing Solutions      |  | Cash payments  |                            | Monthly from 4/2015      | \$231  |
|          | 6100 Mountain Vista     | a, Suite 150   |  |                            | to 5/2016                |  |
|          | Henderson, NV 890       | _  |  |                            |                          |  |
|          |                         |  |  |                            |                          |  |
|          |                         |  |  |                            |                          |  |
|          |                         |  |  |                            |                          |  |
|          |                         |  |  |                            |                          |  |
|          |                         |  | did you sell, trade, or otherwise transfe  | er any property to anyor   | ne, other than property  | ,  |
| In       | clude both outright to  |  | ness or financial affairs?<br>ade as security (such as the granting o<br>e already listed on this statement. | f a security interest or ı | mortgage on your prop    | perty).                                      |
|          | No.                     |  |  |                            |                          |  |
| _        | Yes. Fill in the detail | Is for each gift.                                      |  |                            |                          |  |
|          |                         | you filed for bankruptcy<br>e often called asset-proto | , did you transfer any property to a self  | f-settled trust or similar | device of which you a    | re a   |
|          | No.                     |  | ,  |                            |                          |  |
| _        | Yes. Fill in the detai  | ls for each gift.                                      |  |                            |                          |  |
| Pari     | 8: List Certain Fin     | ancial Accounts, Instrume                              | ents, Safe Deposit Boxes, and Storage Uni  | its                        |                          |  |
|          |                         | •  | -  |                            |                          |  |

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| Debtor 1    | Linda  | Marie  | Sanchez  | Case                          | Number (if known)                                    |   |  |  |  |
|-------------|--|--|--|-------------------------------|--|---|--|--|--|
|             | First Name   | Middle Name  | Last Name  |                               | , ,  |   |  |  |  |
| so          | old, moved, or trans   | ecking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage |  |                               |  |   |  |  |  |
| ho          | houses, pension funds, cooperatives, associations, and other financial institutions. |  |  |                               |  |   |  |  |  |
|             | No.  |  |  |                               |  |   |  |  |  |
| C           | Yes. Fill in the det   | ails.  | S  |                               |  |   |  |  |  |
|             |  |  | Last 4 digits of account number  | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |  |  |  |
|             | o you now have, or<br>ash, or other valuab   | -  | rear before you filed for bankrupto  | ey, any safe deposit box      | or other depository for                              | securities,                             |  |  |  |
|             | No.  |  |  |                               |  |   |  |  |  |
| L           | Yes. Fill in the det   | ails.  | Who else had access to it?   | Describe the cont             |  | De veu etill                            |  |  |  |
|             |  |  | who else had access to it?   | Describe the cont             | ents   | Do you still have it?                   |  |  |  |
| 22 <b>H</b> | ave you stored prop  | oerty in a storage unit o  | r place other than your home with  | nin 1 year before you file    | d for bankruptcy?                                    |   |  |  |  |
| C           | Yes. Fill in the det   | ails.  |  |                               |  |   |  |  |  |
|             |  |  | Who else has or had access to it?  | Describe the cont             | ents   | Do you still have it?                   |  |  |  |
|             | Identify Prope   | erty You Hold or Control   | for Samaana Elsa   |                               |  |   |  |  |  |
| Part        |  |  |  |                               |  |   |  |  |  |
|             | or someone.  | ol any property that sol   | neone else owns? Include any pro   | operty you borrowed froi      | n, are storing for, or ho                            | old in trust                            |  |  |  |
|             | No. Yes. Fill in the det   | aile   |  |                               |  |   |  |  |  |
| -           | _ res. r iii iii tile det  | ans.   | Where is the property?   | Describe the prop             | erty   | Value                                   |  |  |  |
|             |  |  |  |                               |  |   |  |  |  |
| Part        | 10: Give Details   | About Environmental Info   | rmation  |                               |  |   |  |  |  |
| For th      | e purpose of Part 1  | 0, the following definition  | ons apply:   |                               |  |   |  |  |  |
| ha          | zardous or toxic su  | bstances, wastes, or m   | or local statute or regulation cond<br>aterial into the air, land, soil, surfa<br>the cleanup of these substances, | ace water, groundwater,       |  |   |  |  |  |
|             |  | on, facility, or property<br>rate, or utilize it, includ   | as defined under any environmen<br>ing disposal sites.   | tal law, whether you nov      | own, operate, or utiliz                              | e                                       |  |  |  |
|             |  |  | onmental law defines as a hazard<br>ntaminant, or similar term.  | ous waste, hazardous su       | bstance, toxic                                       |   |  |  |  |
| Repor       | t all notices, releas  | es, and proceedings th   | at you know about, regardless of v   | when they occurred.           |  |   |  |  |  |
| 24 H        | -  | al unit notified you that  | you may be liable or potentially li  | able under or in violation    | n of an environmental l                              | aw?                                     |  |  |  |
|             | No. Yes. Fill in the det   | aile   |  |                               |  |   |  |  |  |
| -           | _ res. r iii iii tile det  | ans.   | Governmental unit  | Environmental lav             | , if vou know it                                     | Date of notice                          |  |  |  |
|             |  |  |  |                               | , <b>, .</b>   |   |  |  |  |
| 25 <b>H</b> | ave you notified any   | y governmental unit of   | any release of hazardous material  | ?                             |  |   |  |  |  |
|             | No.  |  |  |                               |  |   |  |  |  |
| [           | Yes. Fill in the det   | ails.  |  |                               |  |   |  |  |  |
|             |  |  | Governmental unit  | Environmental lav             | , if you know it                                     | Date of notice                          |  |  |  |
| 26 <b>H</b> | ave you been a part  | ty in any judicial or adn  | ninistrative proceeding under any  | environmental law? Incl       | ude settlements and or                               | ders.                                   |  |  |  |
|             | No. Yes. Fill in the det   | ails   |  |                               |  |   |  |  |  |
|             |  |  | Court or agency  | Nature of the case            |  | Status of the case                      |  |  |  |
|             |  |  |  |                               |  |   |  |  |  |

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Linda Marie Sanchez Case Number (if known)

Last Name

|    | art 11: Give Details About Your Business or Connec  | ctions to Any Business   |  |  |  |  |  |  |
|----|---|--|--|--|--|--|--|--|
| 27 | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  |  |  |  |  |  |  |  |
|    | A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   |  |  |  |  |  |  |  |
|    | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |  |  |  |  |  |  |  |
|    | ☐ A partner in a partnership  |  |  |  |  |  |  |  |
|    | ☐ An officer, director, or managing executive of a corporation  |  |  |  |  |  |  |  |
|    | An owner of at least 5% of the voting or eq   | uity securities of a corporation   |  |  |  |  |  |  |
|    | No. None of the above applies. Go to Part 12.   |  |  |  |  |  |  |  |
|    | Yes. Check all that apply above and fill in the de  | stails below for each business.  |  |  |  |  |  |  |
| 28 | Within 2 years before you filed for bankruptcy, dic institutions, creditors, or other parties.  | d you give a financial statement to anyone about your business? Include all financial      |  |  |  |  |  |  |
|    | No.   |  |  |  |  |  |  |  |
|    | Yes. Fill in the details.   |  |  |  |  |  |  |  |
|    | Date is   | ssued  |  |  |  |  |  |  |
| Pa | art 12: Sign Below  |  |  |  |  |  |  |  |
|    |   | king a false statement, concealing property, or obtaining money or property by fraud       |  |  |  |  |  |  |
|    | 18 U.S.C. §§ 152, 1341, 1519, and 3571.   | fines up to \$250,000, or imprisonment for up to 20 years, or both.                        |  |  |  |  |  |  |
|    | 18 U.S.C. §§ 152, 1341, 1519, and 3571.   | fines up to \$250,000, or imprisonment for up to 20 years, or both.  Signature of Debtor 2 |  |  |  |  |  |  |
|    | 18 U.S.C. §§ 152, 1341, 1519, and 3571.   /s/ Linda Marie Sanchez   | <b>x</b>   |  |  |  |  |  |  |
|    | 18 U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ Linda Marie Sanchez  Signature of Debtor 1  Date 06/09/2016  | Signature of Debtor 2  |  |  |  |  |  |  |
|    | 18 U.S.C. §§ 152, 1341, 1519, and 3571.   /s/ Linda Marie Sanchez  Signature of Debtor 1  | <b>x</b>   |  |  |  |  |  |  |
|    | 18 U.S.C. §§ 152, 1341, 1519, and 3571.   /s/ Linda Marie Sanchez  Signature of Debtor 1  Date 06/09/2016   MM / DD / YYYYY   Did you attach additional pages to Your Statement  No Yes   | Signature of Debtor 2  Date  |  |  |  |  |  |  |
|    | 18 U.S.C. §§ 152, 1341, 1519, and 3571.   ** /s/ Linda Marie Sanchez  Signature of Debtor 1  Date 06/09/2016   MM / DD / YYYY  Did you attach additional pages to Your Statement  No Yes  Did you pay or agree to pay someone who is not an   | Signature of Debtor 2  Date  |  |  |  |  |  |  |
|    | 18 U.S.C. §§ 152, 1341, 1519, and 3571.    /s/ Linda Marie Sanchez  Signature of Debtor 1  Date 06/09/2016   MM / DD / YYYY   Did you attach additional pages to Your Statement  No Yes  Did you pay or agree to pay someone who is not an No | Signature of Debtor 2  Date  |  |  |  |  |  |  |
|    | 18 U.S.C. §§ 152, 1341, 1519, and 3571.   ** /s/ Linda Marie Sanchez  Signature of Debtor 1  Date 06/09/2016   MM / DD / YYYY  Did you attach additional pages to Your Statement  No Yes  Did you pay or agree to pay someone who is not an   | Signature of Debtor 2  Date  |  |  |  |  |  |  |

First Name

Middle Name

| Fill in this ir             | Case 16.1<br>nformation to identify               |                              | Filed 06/14/16 Ente                   | ored 06/14/16 13:59:5<br>5 of 59   | 6 Desc Main   |      |
|-----------------------------|---|------------------------------|---------------------------------------|--|---|------|
| Debtor 1                    | Linda   | Marie                        | Sanchez                               |  |   |      |
| Desitor 1                   | First Name  | Middle Name                  | Last Name                             |  |   |      |
| Debtor 2                    |   |                              |                                       |  |   |      |
| (Spouse, if filing)         | First Name  | Middle Name                  | Last Name                             |  |   |      |
| United States               | Bankruptcy Court for the                          | : NORTHERN DISTRICT OF       | F ILLINOIS EASTERN                    |  |   |      |
| DIVISION                    | District of <u>ILLINOIS</u>                       |                              | (State)                               |  | Check if this is an amended filing                  |      |
| Official F Stateme          |   | on for Individua             | nls Filing Under Cha                  | apter 7  |   | 12/1 |
| If you are an in            |   | chapter 7, you must fill out | _                                     | <u>,-</u>  |   |      |
| ■ you have lea              | sed personal property                             | y and the lease has not exp  | oired.                                |  |   |      |
|                             |   |                              |                                       | y the date set for the meeting of cro  | editors,  |      |
|                             |   |                              | -                                     | the creditors and lessors you list.  |   |      |
| -                           | people are filing toget<br>nust sign and date the | -                            | e equally responsible for supplying   | ig correct information.  |   |      |
|                             | _   |                              | ded. attach a separate sheet to th    | is form. On the top of any addition  | nal pages.  |      |
| =                           | e and case number (i                              | -                            | шом, шимог и ооригию отгост ю иг      | or to the state of | ···· pugoo,   |      |
| Part 1:                     | List Your Creditors Wh                            | o Have Secured Claims        |                                       |  |   |      |
| For any cre     information | =   | in Part 1 of Schedule D: C   | reditors Who Have Claims Secure       | ed by Property (Official Form 106D   | ), fill in the                                      |      |
| Identify the                | creditor and the prop                             | erty that is collateral      | What do you intend to secures a debt? | o do with the property that  | Did you claim the property as exempt on Schedule C? |      |
| Creditor's                  | <b>;</b>  |                              | ☐ Surrender th                        | e property   | ☐ No  |      |
| name:                       |   |                              | Retain the p                          | roperty and redeem it  | ☐ Yes   |      |
| Description                 | on of   |                              | Retain the pr                         | roperty and enter into a   |   |      |
| property                    | on or   |                              | Reaffirmation                         | n Agreement.   |   |      |
| securing (                  | debt:   |                              | Retain the pi                         | roperty and [explain]:   | _   |      |
| Creditor's                  | <b>.</b>  |                              |                                       | e property   | <br>☐ No  |      |
| name:                       |   |                              | Retain the p                          | roperty and redeem it  | —<br>□ Yes  |      |
| Description                 | on of   |                              | Retain the p                          | roperty and enter into a   | □ 163   |      |

Reaffirmation Agreement. property Retain the property and [explain]: \_ securing debt: ☐ No Creditor's ☐ Surrender the property name: Retain the property and redeem it Yes Retain the property and enter into a Description of Reaffirmation Agreement. property securing debt: Retain the property and [explain]: \_\_ □No Creditor's ☐ Surrender the property name: Retain the property and redeem it Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: \_ securing debt:

Linda

Case 16-19498

Doc 1

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First Name

| For any unexpired personal property lease that you listed in     | Schedule G: Executory Contracts and Unexpired Lease            | s (Official Form 106G), |                       |
|--|--|-------------------------|-----------------------|
| fill in the information below. Do not list real estate leases. U | Inexpired leases are leases that are still in effect; the leas | se period has not yet   |                       |
| ended. You may assume an unexpired personal property lea         | ase if the trustee does not assume it. 11 U.S.C. § 365(p)(2    | ).                      |                       |
| Describe your unexpired personal property leases                 |  | Will                    | the lease be assumed? |
| bescribe your unexpired personal property leases                 |  | 27111                   | the lease be assumed: |
| Lessor's name: Anne Rozowicz                                     |  |                         | No                    |
|  |  |                         | Yes                   |
| Description of leased  |  | _                       | 103                   |
| property:  |  |                         |                       |
|  |  |                         |                       |
| Lessor's name: GMAC  |  |                         | No                    |
|  |  | П                       | Yes                   |
| Description of leased GMAC -                                     |  | _                       |                       |
| property:  |  |                         |                       |
|  |  |                         |                       |
| Lessor's name:   |  |                         | No                    |
|  |  |                         | Yes                   |
| Description of leased  |  |                         |                       |
| property:  |  |                         |                       |
| Lacarda nama.  |  |                         | NI-                   |
| Lessor's name:   |  |                         | No                    |
| Description of leased  |  | Ш                       | Yes                   |
| property:  |  |                         |                       |
| property.  |  |                         |                       |
| Lessor's name:   |  |                         | No                    |
|  |  | П                       | Yes                   |
| Description of leased  |  |                         | 103                   |
| property:  |  |                         |                       |
|  |  |                         | N.                    |
| Lessor's name:   |  | <u>L</u>                |                       |
| Description of lagged  |  | Ш                       | Yes                   |
| Description of leased property:                                  |  |                         |                       |
| property.  |  |                         |                       |
| Lessor's name:   |  |                         | No                    |
|  |  | П                       | Yes                   |
| Description of leased  |  | _                       | 100                   |
| property:  |  |                         |                       |
|  |  |                         |                       |
| Part 3: Sign Below   |  |                         |                       |
|  |  |                         |                       |
| Inder penalty of perjury, I declare that I have indicated my in  | ntention about any property of my estate that secures a d      | ebt and any             |                       |
| personal property that is subject to an unexpired lease.         |  |                         |                       |
|  |  |                         |                       |
| 🗶 /s/ Linda Marie Sanchez  | Signature of Debtor 2  |                         |                       |
| Signature of Debtor 1  | Signature of Debtor 2  |                         |                       |
| Date _Dated: 06/09/2016  | Date   |                         |                       |
| MM / DD / YYYY   | MM / DD / YYYY   |                         |                       |

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In re                           |   |   |   |
|---------------------------------|---|---|---|
| Linda Mai                       | rie Sanchez / Debtor  | Case No:  |   |
|                                 |   | Chapter:  | Chapter 7                               |
|                                 | DISCLOSURE OF C   | COMPENSATION OF ATTORNEY FOR DE                   | EBTOR                                   |
| compensat                       | ant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 ion paid to me within one year before the filing or to be rendered on behalf of the debtor(s) in con | of the petition in bankruptcy, or agreed to be pa | id to me, for services                  |
| For le                          | egal services, I have agreed to accept  | \$2,295.00  |   |
| Prior                           | to the filing of this statement I have received   | \$1,165.00  |   |
| Balar                           | nce Due   | \$1,130.00  |   |
| 2. The se                       | ource of the compensation paid to me was:   |   |   |
|                                 | Debtor(s) Other: (specify   |   |   |
|                                 | ource of compensation to be paid to me is:  |   |   |
|                                 |   |   |   |
|                                 | Debtor(s) Other: (specify   |   |   |
| <b>4.</b> I I of m <u>v law</u> | have not agreed to share the above-disclosed co   | impensation with any other person unless they a   | are members and associates              |
| or m <u>v rav</u>               | IIIII.  |   |   |
| I                               | have agreed to share the above-disclosed compe  | ensation with a other person or persons who are   | e not members or associates             |
|                                 | urn for the above-disclosed fee, I have agreed to including:  | render legal service for all aspects of the bankr | uptcy                                   |
| a. <i>A</i><br>bankruptcy       | Analysis of the debtor's financial situation, and ro  | endering advice to the debtor in determining w    | hether to file a petition in            |
| b. I                            | Preparation and filing of any petition, schedules,  | statements of affairs and plan which may be red   | quired;                                 |
| c. F                            | Representation of the debtor at the meeting of cre  | editors and confirmation hearing, and any adjou   | arned hearings thereof;                 |
| 6. By ag                        | reement with the debtor(s), the above-disclosed is  | fee does not include the following service:       |   |
|                                 | does NOT include missed meeting or court  | _   | ry complaints or conversions to another |
|                                 | dicial lien avoidances, dischargeability actions, o   |   | -                                       |
|                                 |   | CERTIFICATION                                     |   |
|                                 | I certify that the foregoing is a comple payment to   | ete statement of any agreement or arrangement     | for                                     |
|                                 | me for representation of the debtor(s) in the   |   |   |
|                                 | Date: 06/13/2016  | /s/ Andrew B. Nelson                              |   |
|                                 | Date  | Signature of Attorney                             |   |
|                                 |   | Geraci Law L.L.C.  Name of law firm               |   |

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Date: 5/26/2016

Consultation Attorney: FC

Record #: 710-824



### **Chapter 7 Retainer Agreement**

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter7 bankruptcy under the following terms and conditions:

\_. This amount does NOT INCLUDE court filing fees of \$335, or costs Attorney fees for the Chapter 7 bankruptcy are \$ 2295 for credit counseling or financial management classes. This fee is based on the anticipated amount of work required to complete my case, and upon the information I have provided to date. If any information is incomplete or incorrect, the advice or Chapter may have to change, and this fee may have to be adjusted. This fee includes all work in the representation of my normal Chapter 7, including preparation of my bankruptcy petition, schedules and other documents, first341 meeting, reaffirmations, normal correspondence with my creditors and myself, but does NOT include excessive work caused by you, missed341 meetings, reopening the case, amendments to schedules, work on audits or asset cases, objections to exemptions, conversion to another chapter, evidentiary hearings, other contested matters or motions, or adversary proceedings, because these cannot be predicted in setting a flat fee. For work done on these matters, we bill between \$275/hr and \$450/hr for attorney time, based on the attorney doing the work, and \$85 to \$125/hr paralegal time. I agree that more than one attorney and paralegal will work on my case.

Fees are "flat fees" and "advance payment retainers" for pre-filing work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". You may elect to be billed on an hourly basis, but we have found a flat fee is cheaper and benefits you. If this contract is terminated by either party prior to the filing of the case, the firm will refund unearned fees based on the above rates with an accounting, and on request, submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed.

I understand that bankruptcy laws only allow me to protect a certain amount of my property, and if I have any unprotected property, I understand my Chapter 7 Trustee can sell it if I do not or cannot buy out the Trustee's interest and that the U.S. Trustee may object to my filing a Chapter 7 if they believe I have excess income and should be filing a Chapter 13.

I agree to fully cooperate with my attorneys and provide all information requested at any point during the case. I understand that if I do not fully cooperate or provide complete and accurate information, my attorneys may withdraw from representation of me, with the permission of the Court.

If I have secured debts that I wish to retain (mortgages, financed vehicles or other financed property) that I may be required to sign a reaffirmation agreement with the creditor in order to keep the property, and I must remain current on my payments. Many mortgage and car companies refuse to reaffirm the debt but we have found that if you keep up your payments you keep the property anyway.

Debts not discharged if they not paid in full: student loans; educational debts & tuition; most tax debts: unfiled, trust fund or late filed tax; undisclosed debts; support/maintenance debts; fines, debts incurred by fraud, or after the case is filed, future condo/HOA dues,or debts listed in your red or green folder as usually not discharged, or found non-dischargeable by a Judge.

Representation limited to Bankruptcy Court We don't represent you in state court, or loan modifications or similar matters.

I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition.

I understand that if I fail to take my financial management class after filing but before discharge, my case may be closed without a discharge, and I will be required to pay fees and costs to have it reopened. I have received the 11U.S.C § 527(a) disclosures.

Dated: (Joint Debtor) Linda Sanchez Debtol Attorney for the Debtor(s), Representing Geraci Law L.L.C. rev 150511

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Linda Marie Sanchez / Debtor Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 06/09/2016 /s/ Linda Marie Sanchez

**Linda Marie Sanchez** 

X Date & Sign

Record # 710824 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

B 201A (Form 201A) (11/11)

#### UNITED STATES BANKRUPTCY COURT

## NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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In re Linda N

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 06/09/2016 | /s/ Linda Marie Sanchez    |  |
|-------------------|----------------------------|--|
|                   | Linda Marie Sanchez        |  |
| Dated: 06/13/2016 | /s/ Andrew B. Nelson       |  |
|                   | Attorney: Andrew B. Nelson |  |

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| ebtor  | 1 Linda   | Marie  | Sanchez  | Case Numbe   | r (if known)  |             |
|--|---|--|--|--|---|-------------|
| entoi  | First Name  | Middle Name  | Last Name  |  |   |             |
| Part   | 6: Answer These Question                            | s for Reporting Purpose                                    | 9 <b>S</b>   |  |   |             |
| ган  | o. Aliswel Those Goodie.                            |  |  | mar debte 2 Consumer debts are   | defined in 11 U.S.C. § 101(8)   |             |
|  | What kind of debts do<br>you have?                  | 16a. Are your do as "incurred l                            | by an individual primarily   | mer debts? Consumer debts are<br>y for a personal, family, or househo    | old purpose."   |             |
|  |   | _  | to line 17.  |  |   |             |
|  |   | 16b. <b>Are your d</b> emoney for a                        | ebts primarily busine<br>business or investment                                  | ess debts? Business debts are done or through the operation of the bus   | ebts that you incurred to obtain<br>siness or investment.                     |             |
|  |   | □No. Go:<br>□Yes. Go                                       |  |  |   |             |
|  |   | 16c. State the typ   | e of debts you owe that  | are not consumer debts or busine   | ss debts.   |             |
|  |   |  |  |  |   |             |
| 17.  | Are you filing under Chapter 7?                     | _  | ot filing under Chapter 7  |  |   |             |
|  | Do you estimate that after                          | Yes. I am fi<br>admin                                      | ling under Chapter 7. D<br>istrative expenses are p                              | o you estimate that after any exemaid that funds will be available to d  | npt property is excluded and istribute to unsecured creditors?                |             |
|  | any exempt property is excluded and                 | No.  | ).   |  |   | ŧį.         |
|  | administrative expenses are paid that funds will be | □Y€  | :s.  |  |   |             |
|  | available for distribution to unsecured creditors?  |  |  |  |   |             |
| 18.  | How many creditors do                               | <b>1</b> -49   |  | <b>1</b> ,000-5,000  | 25,001-50,000   |             |
| ,  | you estimate that you                               | <b>50-99</b>   |  | 5,001-10,000   | ☐ 50,001-100,000<br>☐ More than 100,000                                       |             |
|  | owe?  | ☐ 100-199<br>☐ 200-999                                     |  | 10,001-25,000  | More than 100,000   |             |
| 40   | How much do you                                     | \$0-\$50,000   |  | ☐ \$1,000,001-\$10 million   | ☐\$500,000,001-\$1 billion  |             |
| 19.  | estimate your assets to                             | \$50,001-\$1   |  | \$10,000,001-\$50 million  | \$1,000,000,001-\$10 billion  |             |
|  | be worth?   | \$100,001-\$   | 500,000  | \$50,000,001-\$100 million   | ☐\$10,000,000,001-\$50 billion  |             |
|  |   | \$500,001-\$   | 1 million  | \$100,000,001-\$500 million  | ☐More than \$50 billion   | *********** |
| 20.  | How much do you                                     | \$0-\$50,000   |  | ☐ \$1,000,001-\$10 million   | \$500,000,001-\$1 billion   |             |
|  | estimate your liabilities                           | \$50,001-\$1   | 00,000   | \$10,000,001-\$50 million  | \$1,000,000,001-\$10 billion  |             |
|  | to be?  | \$100,001-\$   | 500,000  | \$50,000,001-\$100 million   | \$10,000,000,001-\$50 billion   |             |
|  |   | \$500,001-   | 31 million   | \$100,000,001-\$500 million  | ☐ More than \$50 billion  |             |
| Pa   | rt 7: Sign Below                                    |  |  |  |   |             |
| For  | you   | I have examined correct.                                   | this petition, and I decla   | are under penalty of perjury that the                                    | e information provided is true and  |             |
|  |   | If I have chosen<br>of title 11, United<br>under Chapter 7 | d States Code. I underst   | I am aware that I may proceed, if a land the relief available under each | eligible, under Chapter 7, 11,12, or 13<br>a chapter, and I choose to proceed |             |
| general de la constante de la  |   | If no attorney re<br>this document, I                      | presents me and I did no<br>have obtained and read                               | ot pay or agree to pay someone what the notice required by 11 U.S.C.     | no is not an attorney to help me fill out<br>§ 342(b).                        |             |
| The Contract of the Contract o |   | •  |  | napter of title 11, United States Co                                     |   |             |
| ***************************************  |   | with a bankrupto   | aking a false statement,<br>cy case can result in fine<br>2, 1341, 1519, and 357 | es up to \$250,000, or imprisonmen                                       | noney or property by fraud in connection<br>t for up to 20 years, or both.    |             |
| The property of the second sec |   | × Ju   | of Debtor 1  | *  | Signature of Debtor 2   |             |
| was a second and a |   | Signature  | 6,9,   | 2016   | Executed on   |             |
| ***************************************  |   | Executed   | VII  | 507  | MM / DD / YYYY  |             |

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| Debtor 1     | Linda   | Marie  | Sanchez   | Case Number (if known)                               |
|--------------|---|--|---|--|
| JODIOI 1     | First Name                                    | Middle Name  | Last Name   |  |
|              |   | pove applies. Go to Part 12. It apply above and fill in the det  | ails below for each business.   |  |
| 28 Wi<br>ins | ithin 2 years before<br>stitutions, creditors | you filed for bankruptcy, did<br>s, or other parties.  | you give a financial statement  | to anyone about your business? Include all financial |
| Ē            | No. Yes. Fill in the det                      | ails.<br>Daté is:  | nied  |  |
| Part 1       | 2: Sign Below                                 |  |   |  |
| ans in c     | Signature of Deb                              | correct. I understand that make ankruptcy case can result in 1 , 1519, and 3571.  tor 1  /2016 / YYYYY | ing a false statement, conceal ines up to \$250,000, or imprise  Signature of | / DD / YYYY  |
| Dic          | d you attach addition                         | onal pages to Your Statement   | of Financial Affairs for Individ  | luals Filing for Bankruptcy (Official Form 107)?     |
| -            | Yes   |  |   |  |
| Die          | d you pay or agree                            | to pay someone who is not a  | attomey to help you fill out b  | ankruptcy forms?                                     |
| _            | No  |  |   | . Attach the Bankruptcy Petition Preparer's Notice,  |
|              | Yes. Name of pe                               | rson   |   | Declaration, and Signature (Official Form 119).      |

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| Fill in this in          | formation to identify   | y your case:                    |                      |
|--------------------------|-------------------------|---------------------------------|----------------------|
| Debtor 1                 | Linda<br>First Name     | Marie<br>Middle Name            | Sanchez<br>Last Name |
| Debtor 2                 | First Name              | Middle Name                     | Last Name            |
|                          | Bankruptcy Court for th | ne: <u>NORTHERN</u> District of | ILLINOIS (State)     |
| Case Numbe<br>(If known) | r                       |                                 |                      |

### Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out ban           | kruptcy forms?  |
| No No   |   |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
|   |   |
| ·   |   |
|   | and the Atlantane two and   |
| Under penalty of perjury, I declare that I have read the summary and schedules filed correct. | with this declaration and that they are the and   |
|   |   |
| Signature of Debtor 1   | otor 2  |
| Date : 6 / 9 /2016  | D / YYYY  |
| MM / DD / YYYY  | ,   |

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| Debtor 1 | Linda                 | Marie                    | Sanchez   | Ü | Case Number (if known) |
|----------|-----------------------|--------------------------|-----------|---|------------------------|
|          | First Name            | Middle Name              | Last Name |   |                        |
|          | List Your Unexpired S | Personal Property Leases |           |   |                        |

| or any unexpired personal property lease that you listed in <i>Schedule G: Executory Contracts and U</i><br>In the information below. Do not list real estate leases. <i>Unexpired lease</i> s are leases that are still in | nexpired Leases (Official Form 106G),<br>neffect; the lease period has not yet |
|---|--|
| in the information below. Do not list real estate leases. <i>Onexpired leases</i> are leased list as our list real estate leases. Onexpired lease if the trustee does not assume it. 11 U                                   | J.S.C. § 365(p)(2).  |
| Describe your unexpired personal property leases  | Will the lease be assumed?   |
| essor's name: Anne Rozowicz   | □ No   |
| Description of leased property:   | Yes  |
| Lessor's name: GMAC   | No   |
| Description of leased GMAC -<br>property:   | Yes  |
| Lessor's name:  | □ No   |
| Description of leased property:   | ☐ Yes  |
| Lessor's name:  | □ No   |
| Description of leased property:   | Yes  |
| Lessor's name:  | □ No   |
| Description of leased property:   | ☐ Yes  |
| Lessor's name:  | □ No   |
| Description of leased property:   | ∐ Yes  |
| Lessor's name:  | ☐ No   |
| Description of leased property:   | Yes  |
| Part 3: Sign Below  Inder penalty of perjury, I declare that I have indicated my intention about any property of my esta  | te that secures a debt and any   |
| Signature of Debtor 1   |  |
| Date Dated: 6 / 9 /20 (  Date MM / DD / YYYY  |  |

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### DISCLAIMER Debtors have read and agree:

- Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entityin connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors, a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or reality commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case

is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION'S ACCURATE THE

Dated:

Linda Marie Sanchez

X Date & Sign

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Linda Marie Sanchez / Debtor

Bankruptcy Docket #:

Judge:

### VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 6/1/2016

Linda Marie Sanchez

X Date & Sign

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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| ebtor 1               | Linda   | Marie  | Sanchez  | _                      | Case Number (if known)         |  |   |
|-----------------------|---|--|--|------------------------|--------------------------------|--|---|
| IEDIO: 1              | First Name  | Middle Name  | Last Name  |                        |                                |  |   |
|                       |   | •  |  |                        | Column A Debtor 1              | Column B Debtor 2 or non-filing spouse | VALUE AND THE PROPERTY OF THE |
|                       |   |  |  |                        |                                | <b>¢0.00</b>                           | ***************************************   |
| . Unem                | ployment compens                                    | sation   |  |                        | \$0.00                         | \$0.00                                 | ***************************************   |
| Do no<br>under        | t enter the amount i<br>the Social Security         | if you contend that the amount<br>Act. Instead, list it here:  | received was a benefi                              | t                      |                                |  |   |
| For y                 | ou  |  |  |                        |                                |  | ***************************************   |
| For y                 | our spouse  |  |  |                        |                                |  | 100000  |
| ens<br>Pens           | i <b>on or retirement i</b><br>fit under the Social | ncome. Do not include any an<br>Security Act.  | nount received that was                            | a                      | \$0.00                         | \$0.00                                 |   |
| Do n                  | ot include any bene                                 | ources not listed above. Spe<br>fits received under the Social<br>e, a crime against humanity, o<br>ist other sources on a separat | Security Act or paymer<br>or international or dome | estic                  | #0F0 00                        | \$ 0.00                                |   |
| 1∩a                   | Son's annuity                                       |  |  |                        | \$250.00                       | \$0.00                                 |   |
| 10b.                  |   |  |  |                        | \$ 0.00                        | \$0.00                                 |   |
|                       | Total amounts from                                  | separate pages, if any.  |  |                        | \$250.00                       | \$0.00                                 |   |
| 44 0-1-               | lete verus total cu                                 | rrent monthly income. Add lin  | nes 2 through 10 for ea<br>or Column B.            | ch                     | \$1,231.67 +                   | \$0.00                                 | \$1,231.67  |
|                       | •   |  |  |                        |                                |  |   |
| 0 / 0                 |   | hether the Means Test Applies  | to You   |                        |                                |  |   |
| Part 2                |   |  |  |                        |                                |  |   |
|                       | culate your current                                 | monthly income for the year<br>urrent monthly income from lir  | . Follow these steps:                              |                        | Copy line 11 here              | 12a.                                   | \$1,231. <del>6</del> 7   |
| 12a.                  |   |  |  |                        |                                |  | x 12  |
|                       |   | e number of months in a year   |  |                        |                                | 12b.                                   | \$14,780.04   |
| 12b.                  | The result is you                                   | r annual income for this part o  | f the form.  |                        |                                | 120.                                   | Ψ1-1,100.0-1  |
| 13. Cal               | culate the median t                                 | family income that applies to  | you. Follow these step                             | os:                    |                                |  |   |
| <b>-</b> :11          | in the state in which                               | a vou live   |  | IL                     |                                |  |   |
| FIII                  | in the state in which                               | 7 you 110.   |  |                        |                                |  |   |
| Fill                  | in the number of pe                                 | ople in your household.  |  | 3                      |                                |  |   |
| 1 -                   | e d - ti-t -f applica                               | y income for your state and siz<br>ble median income amounts, o<br>m. This list may also be availa                                 | no online using the link                           | specified in the sepa  | arate                          | 13.                                    | \$72,429.00   |
| 14. Ho                | w do the lines com                                  | pare?  |  |                        |                                |  |   |
| 14a                   | Go to Part 3.                                       | ss than or equal to line 13. On  |  |                        |                                |  |   |
| 14t                   | Go to Part 3 a                                      | ore than line 13. On the top of and fill out Form 122A-2.  | page 1, check box 2, 7                             | The presumption of a   | abuse is determined by Form    | 122A-2.                                |   |
| Part                  |   |  |  |                        |                                |  |   |
|                       | By signing here                                     | , I declare under penalty of pe  | rjury that the information                         | on on this statement a | and in any attachments is true | e and correct.                         |   |
|                       | Luch  | De Don   | <u></u>  | <del></del> -          |                                |  |   |
|                       | <del>- 0-</del>                                     | Linda Marie Sanche   |  |                        |                                |  |   |
| scandon concentration | Date::  | <u>01</u> /2016  | $\bigcup$  |                        |                                |  |   |
|                       | If you checked                                      | line 14a, do NOT fill out or file  | Form 122A-2.                                       |                        |                                |  |   |
|                       | If you checked                                      | line 14b, fill out Form 122A-2   | and file it with this form                         |                        |                                |  |   |

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Desc Main

Form B 201A, Notice to Consumer Debtor(s)

In re Linda Marie Sanchez / Debtor

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: <u>6 / 9</u>/2016

Linda Marie Sanchez

X Date & Sign

Dated: 6 / 13 /2016

Attorney: Frank C. Hernandez

ey: Frank C. Hernandez